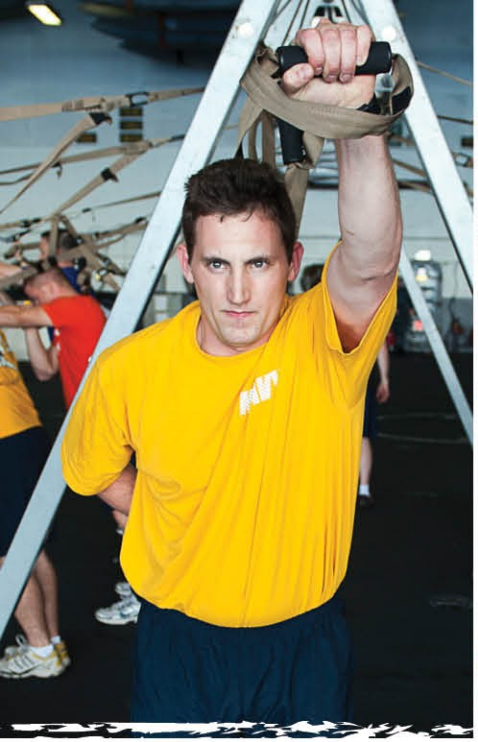

NAVY DISEASE REPORTING SYSTEM INTERNET (DRSI)

Navy and Marine Corps Public Health Center (June 2012)

WWW.NMCPHC.MED.NAVY.MIL

What is the Disease Reporting System (internet)?

- **Developed and released by NMCPHC in Jan 2008**
  - ***Replaced old legacy NDRS system improving reporting needs at the local level**

- **Web-based reporting system**

- **Role-based access**
  - ***Unit reporters can see their Medical Event Reports (MER)**
  - ***Commanders can review reports of all assigned units**

- **System adopted by the Army 2010 (known as Army DRSi for Army Navy DRSi for Navy customers)**

Overview

- How to request access to the system
- How to Enter Sponsor Info and a MER by SSN
- Review Case-Findings by Unit Identification Code (UIC)
- Manage Sexually Transmitted Infection Cases (STI)
- Enter/Edit Outbreak Report(s)
- Enter/Edit Vaccine Adverse Event Reporting System (VAERS)

Requesting Access

http://www-nmcphc.med.navy.mil/

Navy & Marine Corps | PUBLIC HEALTH CENTER
SEARCH
Home Index A B C D E F G H I J K L M N O P Q R S T U V W X Y Z
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WHO WE ARE
Health Risk Assessment
Deployment Health Program
Public Health Services
Health Promotion and Wellness Program
Health Information
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About NMCPHC
Ask NMCPHC
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World Class Care...Anytime, Anywhere
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USA.gov
TELL US WHAT YOU THINK
NMCPHC - Protection through Prevention
Healthy Living
Physical Activity, Health Risk Assessment, Immunizations, Nutrition, Sexual Health, ...
Environmental Health
Risk Communication, Risk Assessment, Toxicology, Environmental Quality
Diseases & Conditions
Alcoholism, Diabetes, Flu, MRSA, Smallpox, SARS, STDs, Stress, ...
Deployment Health
Deployment Checklists, EDHA, Outbreaks, Quarantine, Regional Risk Information, ...
Occupational Health
Industrial Hygiene, Hearing Conservation, Radiation Health, Chemical Safety, ...
Preventive Medicine
Disease Surveillance, Pool/Water Safety, Ship Sanitation Certificates, ...
POPULAR TOPICS FOR MEDICAL PROFESSIONALS AND RESEARCHERS
Data & Statistics
EpiData Center, Fleet Readiness, ...
Field Activities
Drug Testing Program, Medical Entomology, Dosimetry, NEPMUs...
Publications & Reports
Directives, Technical Manuals...
Public Health Conference
2012 Canceled Click to Read More
Mold Information & Resources
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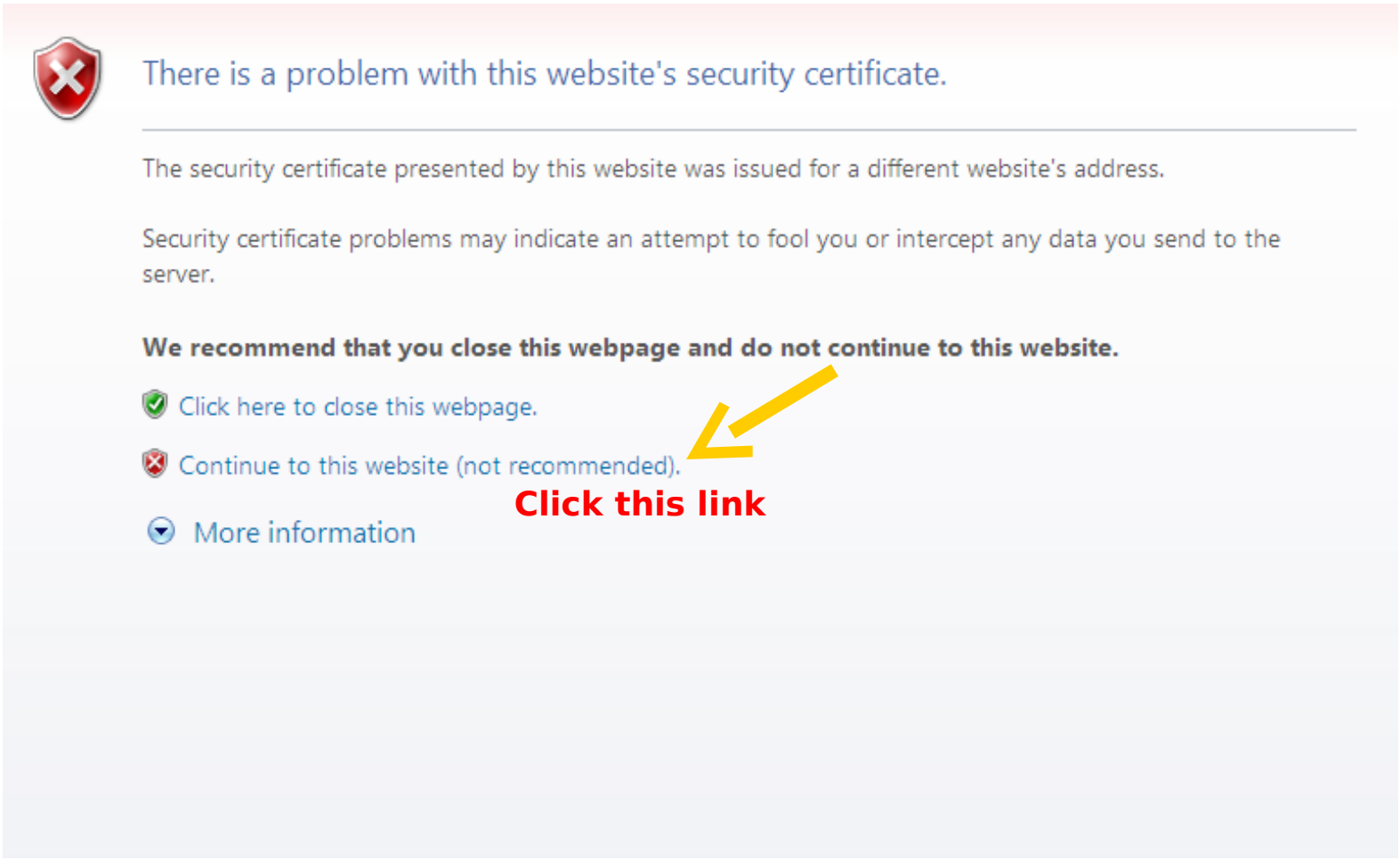
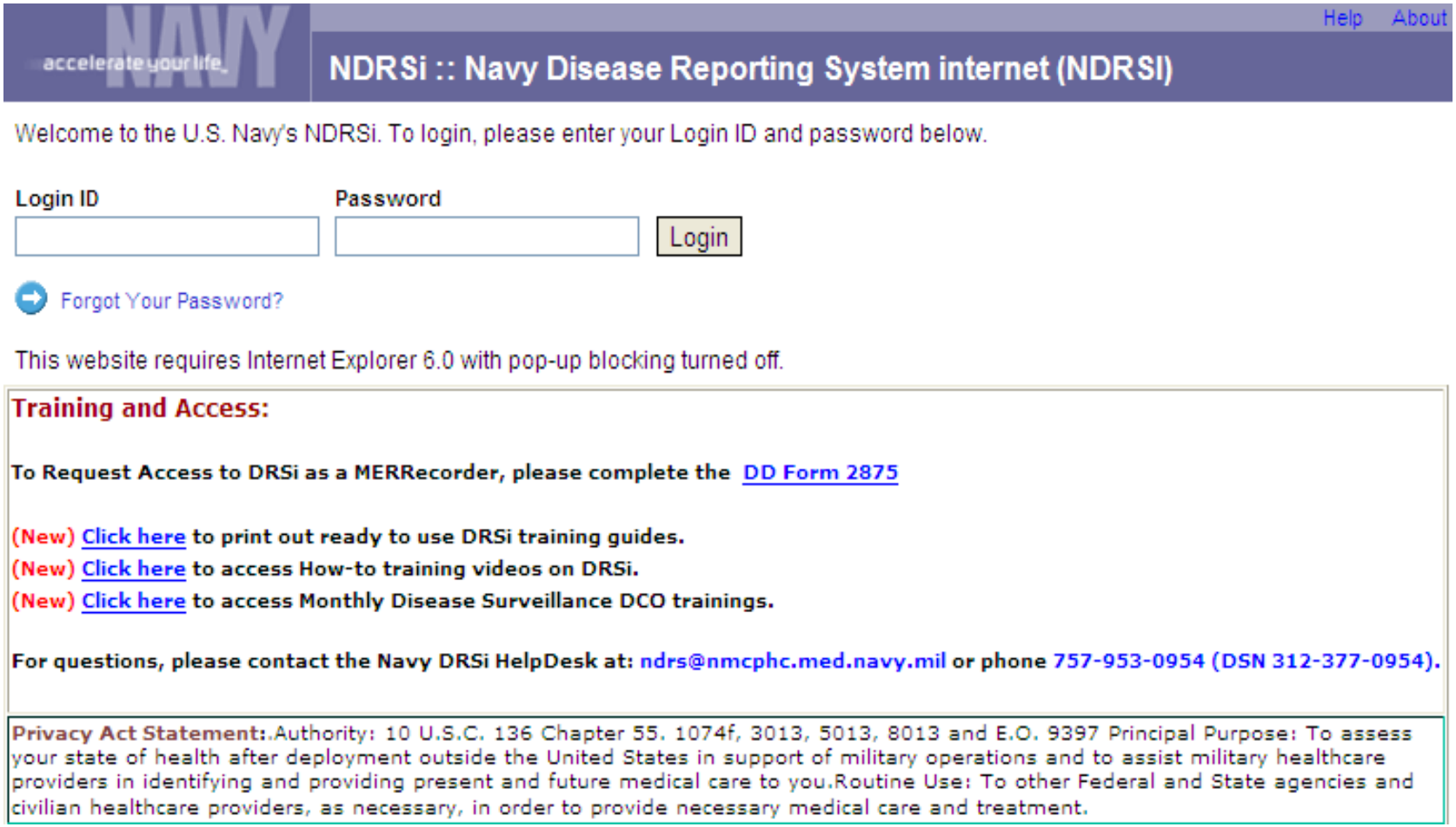
JAPANESE EARTHQUAKE TSUNAMI RESOURCES
READ MORE
WHAT'S NEW
NDM-1 Sitrep
Updated 06/08/12
NDM-1 Report
Updated 06/08/12
Navy MDRO Monthly Report
Updated 06/06/12
NMCPHC Quarterly Update (3.73 MB)
Updated 05/30/12
Quick Hits (807.88 KB)
Updated 05/24/12
MRSA Surveillance Report
Updated 04/20/12
Subscribe to th NMCPHC RSS
DRSi Login
EDHA Login
For DRSi and EDHA, select "continue to this website" if you see the certificate error.

Click here

Requesting Access


There is a problem with this website's security certificate.
The security certificate presented by this website was issued for a different website's address.
Security certificate problems may indicate an attempt to fool you or intercept any data you send to the server.
We recommend that you close this webpage and do not continue to this website.
Click here to close this webpage.
Continue to this website (not recommended).
Click this link
More information

Requesting Access



Help About

accelerate your life.

NDRSi :: Navy Disease Reporting System internet (NDRSI)

Welcome to the U.S. Navy's NDRSi. To login, please enter your Login ID and password below.

Login ID

Password

Login

Forgot Your Password?

This website requires Internet Explorer 6.0 with pop-up blocking turned off.

Training and Access:

To Request Access to DRSi as a MERRecorder, please complete the DD Form 2875

(New) Click here to print out ready to use DRSi training guides.
(New) Click here to access How-to training videos on DRSi.
(New) Click here to access Monthly Disease Surveillance DCO trainings.

For questions, please contact the Navy DRSi HelpDesk at: ndrs@nmcphc.med.navy.mil or phone 757-953-0954 (DSN 312-377-0954).

Privacy Act Statement: Authority: 10 U.S.C. 136 Chapter 55. 1074f, 3013, 5013, 8013 and E.O. 9397 Principal Purpose: To assess your state of health after deployment outside the United States in support of military operations and to assist military healthcare providers in identifying and providing present and future medical care to you.Routine Use: To other Federal and State agencies and civilian healthcare providers, as necessary, in order to provide necessary medical care and treatment.

DD Form 2875

SYSTEM AUTHORIZATION ACCESS REQUEST (SAAR)

PRIVACY ACT STATEMENT

AUTHORITY: Executive Order 10450, 9397; and Public Law 99-474, the Computer Fraud and Abuse Act.

PRINCIPAL PURPOSE: To record names, signatures, and other identifiers for the purpose of validating the trustworthiness of individuals requesting access to Department of Defense (DoD) systems and information. NOTE: Records may be maintained in both electronic and/or paper form.

ROUTINE USES: None.

DISCLOSURE: Disclosure of this information is voluntary; however, failure to provide the requested information may impede, delay or prevent further processing of this request.

TYPE OF REQUEST

[X] INITIAL [ ] MODIFICATION [ ] DEACTIVATE [ ] USER ID _____

DATE *(YYYYMMDD)*

Date requesting access

SYSTEM NAME *(Platform or Applications)*: Army Disease Reporting System internet (ADRSi)

LOCATION *(Physical Location of System)*: NMC Public Health Center

PART I *(To be completed by Requestor)*

1. NAME *(Last, First, Middle Initial)*

Last and first name

2. ORGANIZATION

3. OFFICE SYMBOL/DEPARTMENT

4. PHONE *(DSN or Commercial)*

5. OFFICIAL E-MAIL ADDRESS

Complete e-mail address

6. JOB TITLE AND GRADE/RANK

7. OFFICIAL MAILING ADDRESS

8. CITIZENSHIP [ ] US [ ] FN [ ] OTHER

9. DESIGNATION OF PERSON [ ] MILITARY [ ] CIVILIAN [ ] CONTRACTOR

10. IA TRAINING AND AWARENESS CERTIFICATION REQUIREMENTS *(Complete as required for user or functional level access.)*

[ ] I have completed Annual Information Awareness Training. DATE *(YYYYMMDD)* _____

11. USER SIGNATURE

12. DATE *(YYYYMMDD)*

DD Form 2875

Naval Disease Reporting System internet (NDRSi)		NMC Public Health Center
PART I *(To be completed by Requestor)*		
1. NAME *(Last, First, Middle Initial)*		2. SOCIAL SECURITY NUMBER
3. ORGANIZATION	4. OFFICE SYMBOL/DEPARTMENT	5. PHONE *(DSN or Commercial)*
6. OFFICIAL E-MAIL ADDRESS	7. JOB TITLE AND GRADE/RANK	
8. OFFICIAL MAILING ADDRESS	9. CITIZENSHIP ☐ US ☐ FN ☐ OTHER	10. DESIGNATION OF PERSON ☐ MILITARY ☐ CIVILIAN ☐ CONTRACTOR

USER AGREEMENT

I accept the responsibility for the information and DoD system to which I am granted access and will not exceed my authorized level of system access. I understand that my access may be revoked or terminated for non-compliance with DoD security policies. I accept responsibility to safeguard the information contained in these systems from unauthorized or inadvertent modification, disclosure, destruction, and use. I understand and accept that my use of the system may be monitored as part of managing the system, protecting against unauthorized access and verifying security problems. I agree to notify the appropriate organization that issued my account(s) when access is no longer required.

IA TRAINING AND AWARENESS CERTIFICATION REQUIREMENTS *(Complete as required for user or functional level access.)*

☐ I have completed Annual Information Awareness Training. DATE *(YYYYMMDD)* _____

11. USER SIGNATURE	12. DATE *(YYYYMMDD)*

PART II - ENDORSEMENT OF ACCESS BY INFORMATION OWNER, USER SUPERVISOR OR GOVERNMENT SPONSOR *(If individual is a contractor - provide company name, contract number, and date of contract expiration in Block 16.)*

13. JUSTIFICATION FOR ACCESS

The Requestor agrees to comply with block 27.

Please provide the Unit Identification Code (UIC's), Reporting Unit Code (RUC's), or OPFAC (USCG) of the clinic for which you report and/or monitor Medical Event Reports for:

UIC: 00285 (NAVHOSP CORPUS TX)

RUC: 21820 (USS LABOON)

OPFAC: 608841

53-0685 (DSN 377-0685)

QUIRED:

☒ AUTHORIZED ☐ PRIVILEGED

15. USER REQUIRES ACCESS TO: ☐ UNCLASSIFIED ☐ CLASSIFIED *(Specify category)*

☒ OTHER Sensitive medical information

- In block 13, place the name of the Facility and Reporting Unit you will be reporting on.

Application Process

- Form must be endorsed by

  * Department Head
  * By-Direction Authority or higher
  * Fax or e-mail form to our office

- An e-mail will be sent to the endorser for verification

- Customer will receive an e-mail that includes

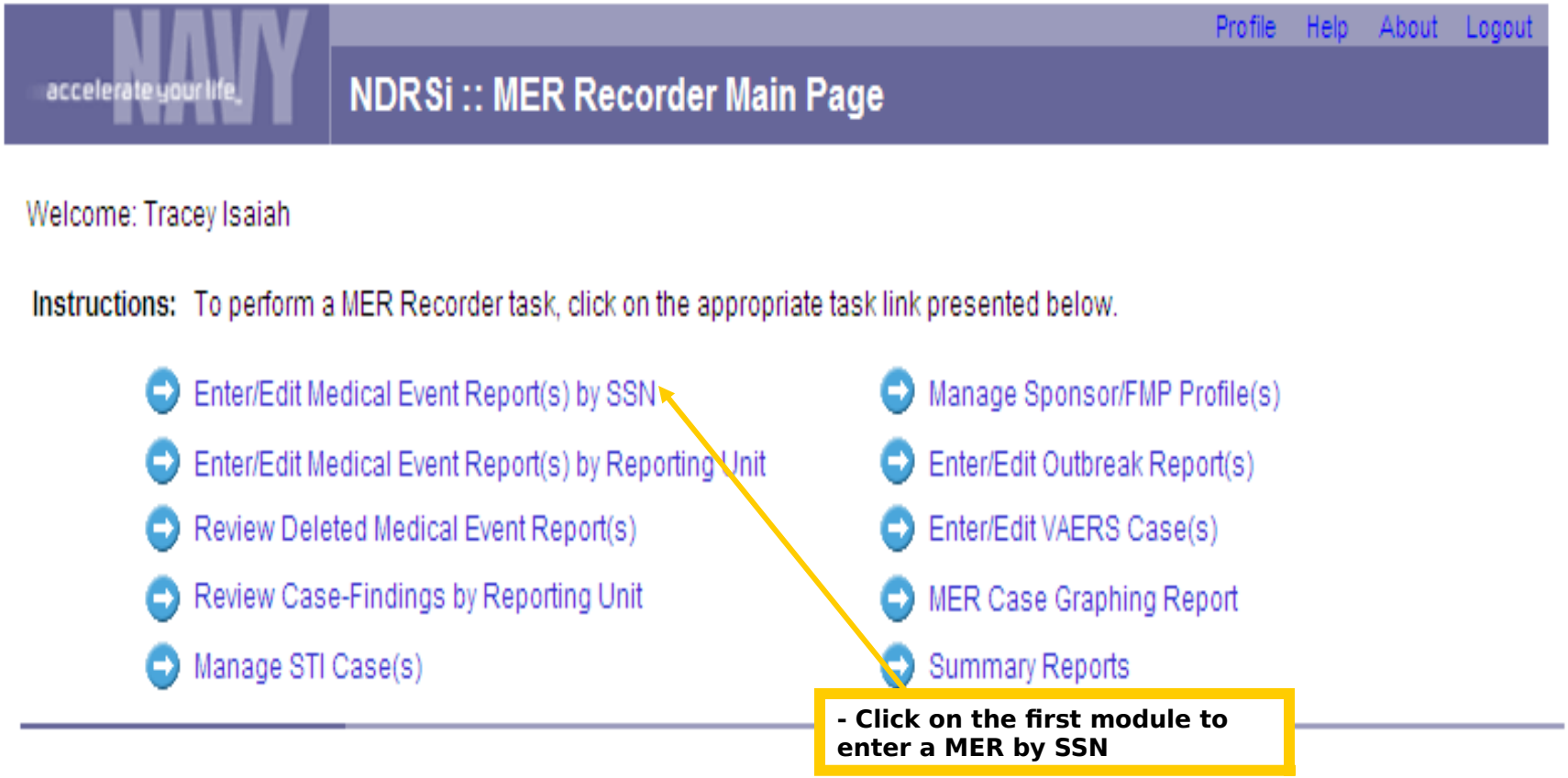
  * Login
  * Password (separate e-mail)

How to Enter a Medical Event Report (MER)

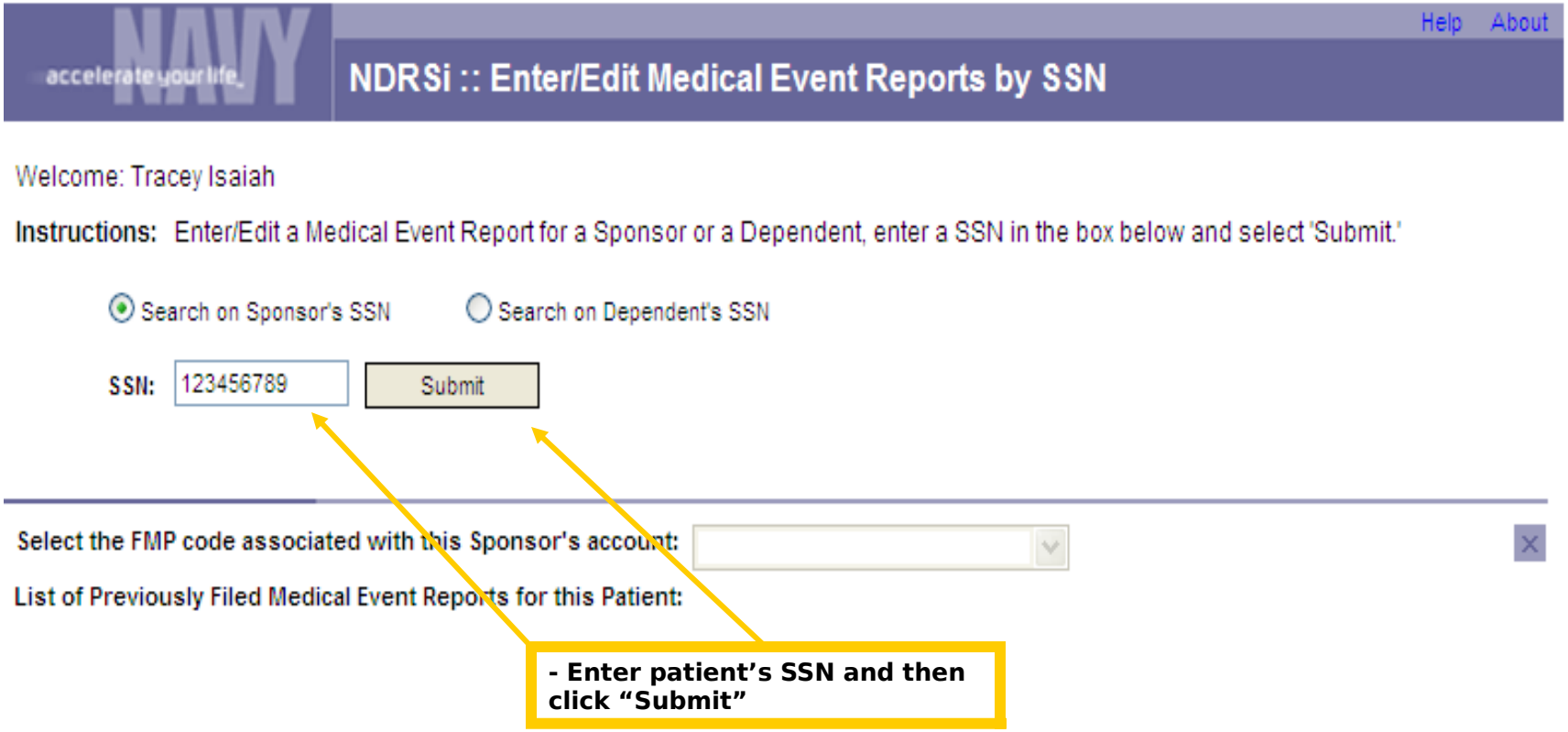
Medical Event Report Format (MER)

- **Demographics**
  - **Name, DOB, Service**
- **Medical Event Information**
  - **ICD-9 code, Onset date**
- **Laboratory Information**
- **Suspect or Confirmed**
- **Event Related Questions**
  - **Disposition, vaccine hx, travel hx**

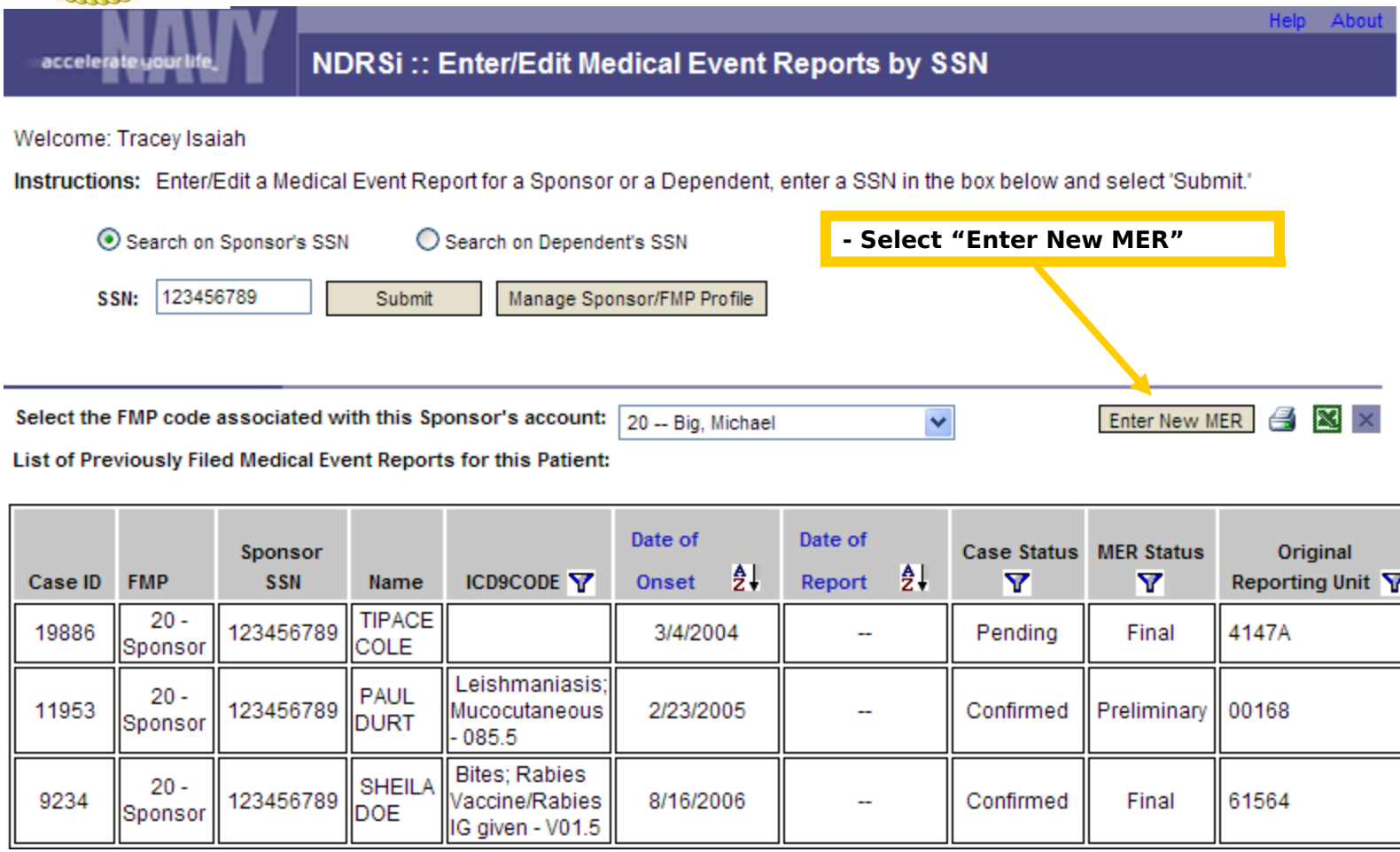
Enter a MER by SSN


Profile Help About Logout
accelerate your life.
NDRSi :: MER Recorder Main Page
Welcome: Tracey Isaiah
Instructions: To perform a MER Recorder task, click on the appropriate task link presented below.
Enter/Edit Medical Event Report(s) by SSN
Enter/Edit Medical Event Report(s) by Reporting Unit
Review Deleted Medical Event Report(s)
Review Case-Findings by Reporting Unit
Manage STI Case(s)
Manage Sponsor/FMP Profile(s)
Enter/Edit Outbreak Report(s)
Enter/Edit VAERS Case(s)
MER Case Graphing Report
Summary Reports
- Click on the first module to enter a MER by SSN

Enter a MER by SSN


Help About
accelerate your life.
NDRSi :: Enter/Edit Medical Event Reports by SSN
Welcome: Tracey Isaiah
Instructions: Enter/Edit a Medical Event Report for a Sponsor or a Dependent, enter a SSN in the box below and select 'Submit.'
Search on Sponsor's SSN
Search on Dependent's SSN
SSN: 123456789
Submit
Select the FMP code associated with this Sponsor's account:
List of Previously Filed Medical Event Reports for this Patient:
- Enter patient's SSN and then click "Submit"

Enter a MER by SSN


Help About
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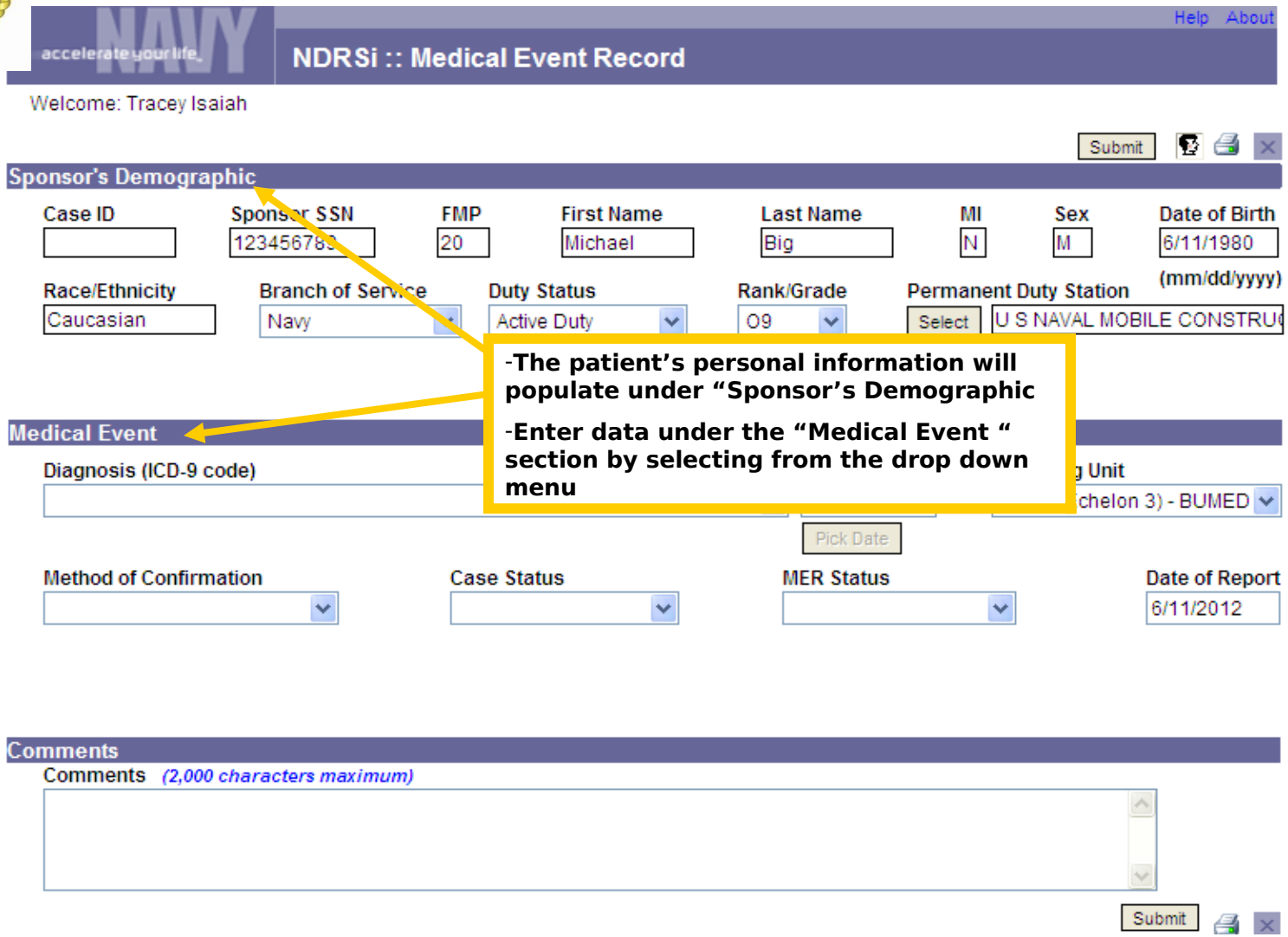
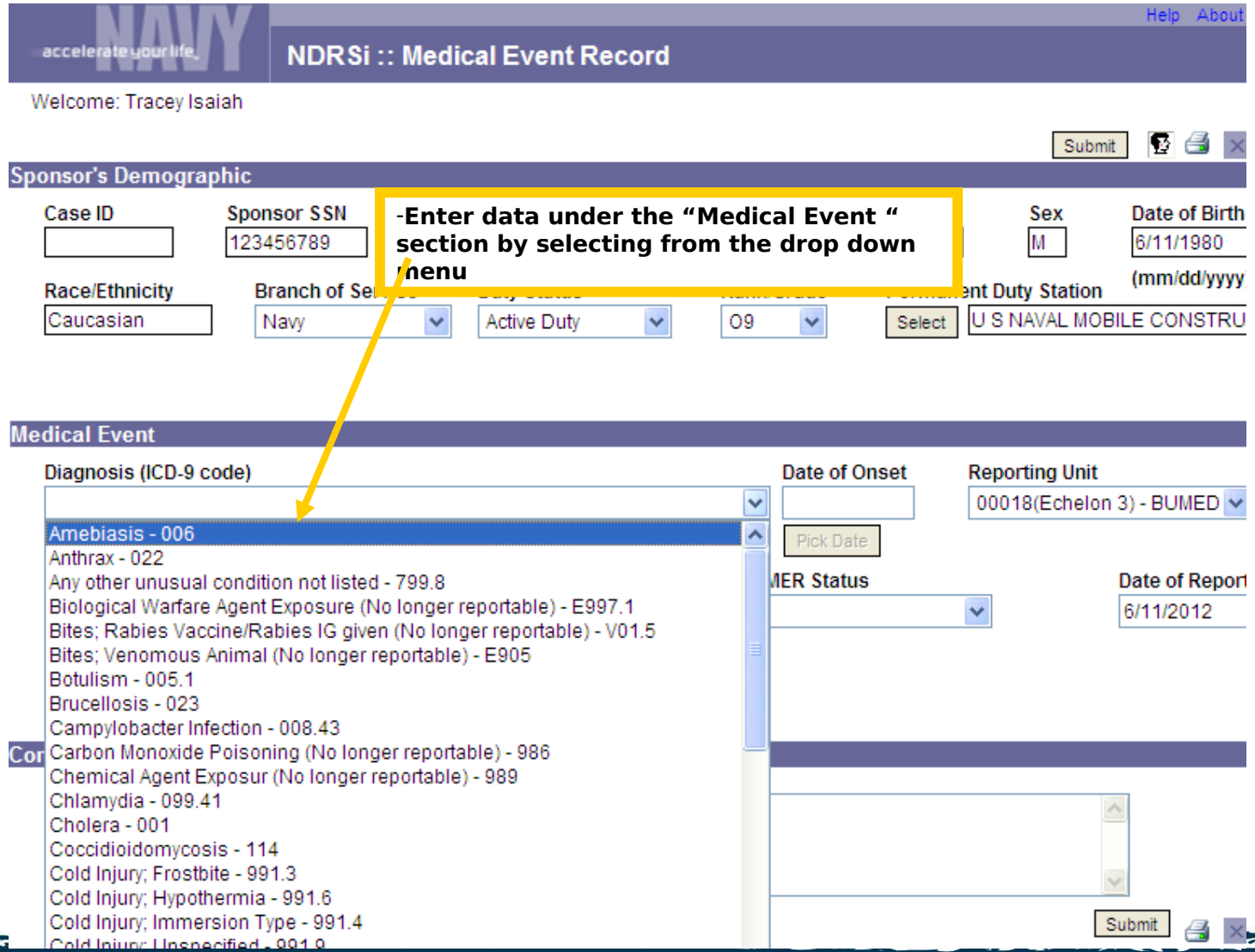
Welcome: Tracey Isaiah
Instructions: Enter/Edit a Medical Event Report for a Sponsor or a Dependent, enter a SSN in the box below and select 'Submit.'
Search on Sponsor's SSN
Search on Dependent's SSN
SSN: 123456789
Submit
Manage Sponsor/FMP Profile
- Select "Enter New MER"
Select the FMP code associated with this Sponsor's account:
20 -- Big, Michael
Enter New MER
List of Previously Filed Medical Event Reports for this Patient:

Case ID	FMP	Sponsor SSN	Name	ICD9CODE	Date of Onset	Date of Report	Case Status	MER Status	Original Reporting Unit	POC	Edi
19886	20 - Sponsor	123456789	TIPACE COLE		3/4/2004	--	Pending	Final	4147A	No email	
11953	20 - Sponsor	123456789	PAUL DURT	Leishmaniasis; Mucocutaneous - 085.5	2/23/2005	--	Confirmed	Preliminary	00168	No email	
9234	20 - Sponsor	123456789	SHEILA DOE	Bites; Rabies Vaccine/Rabies IG given - V01.5	8/16/2006	--	Confirmed	Final	61564	No email	

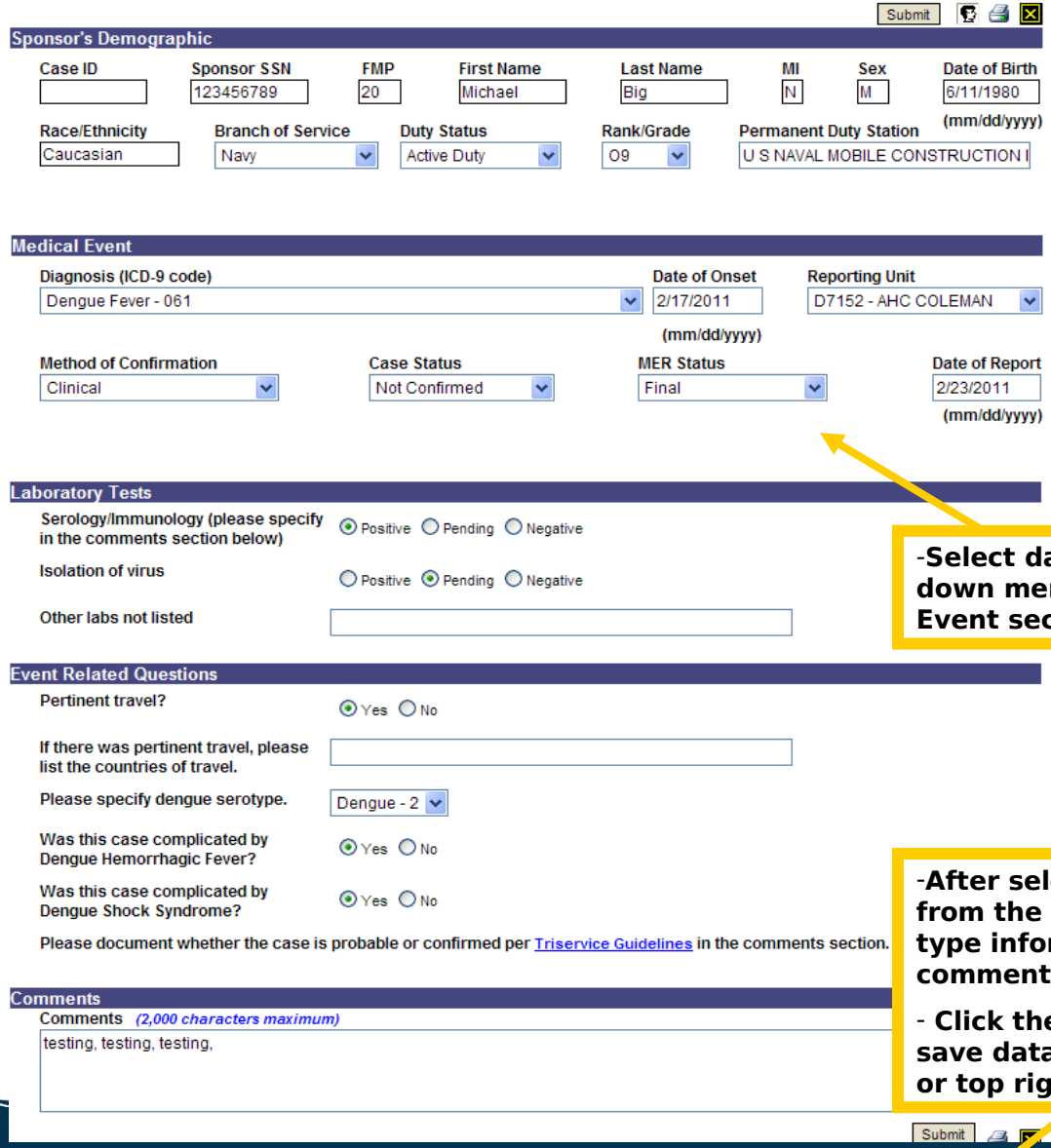
Enter a MER by SSN



Enter a MER by SSN



Enter a MER by SSN

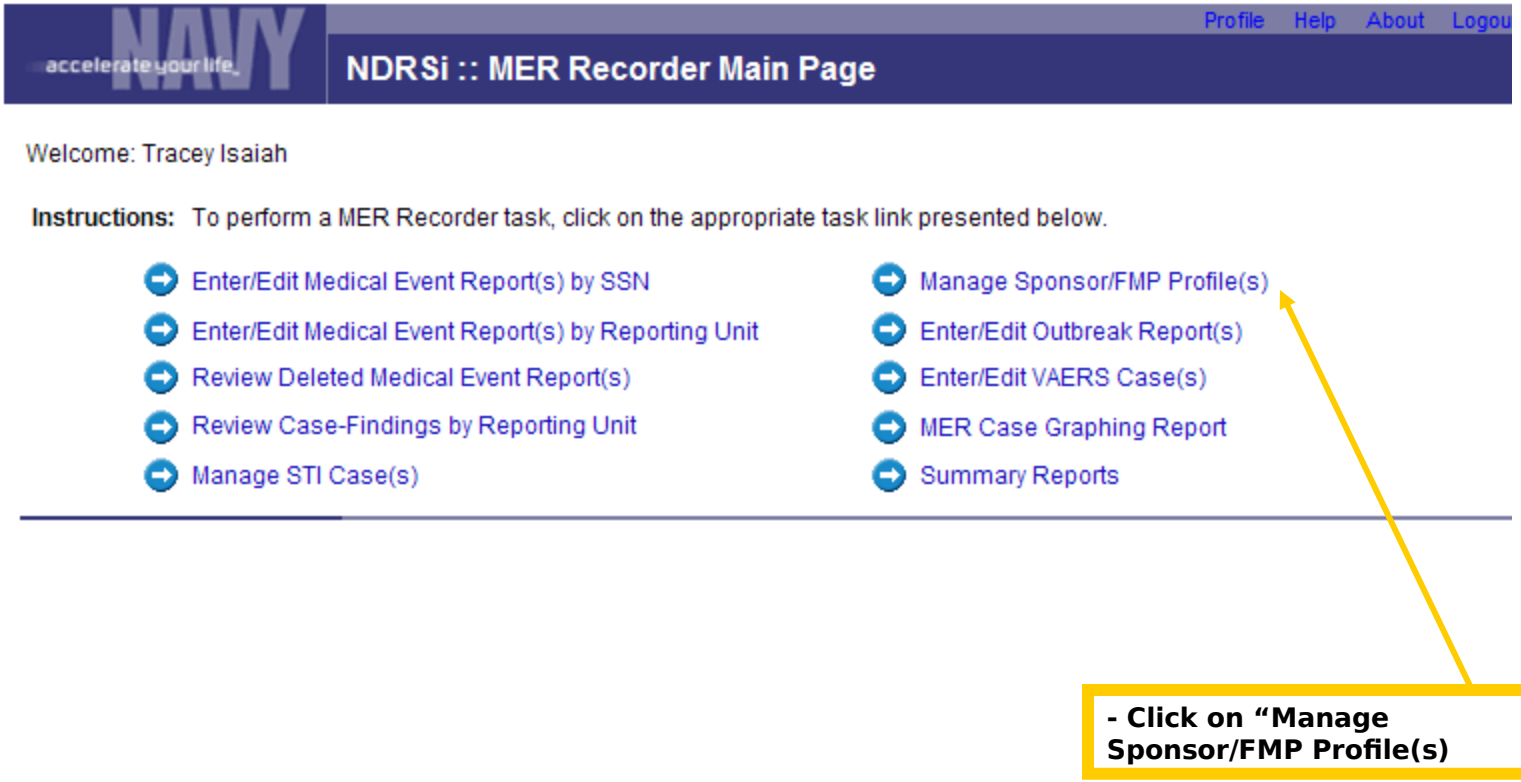


-Select data from the drop down menu for the Medical Event section

-After selecting information from the drop down menu, type information in the comment section if needed.

- Click the "Submit" button to save data at the bottom right or top right corner

Manage Sponsor/FMP Profile(s)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Profile Help About Logou
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Enter/Edit Medical Event Report(s) by Reporting Unit
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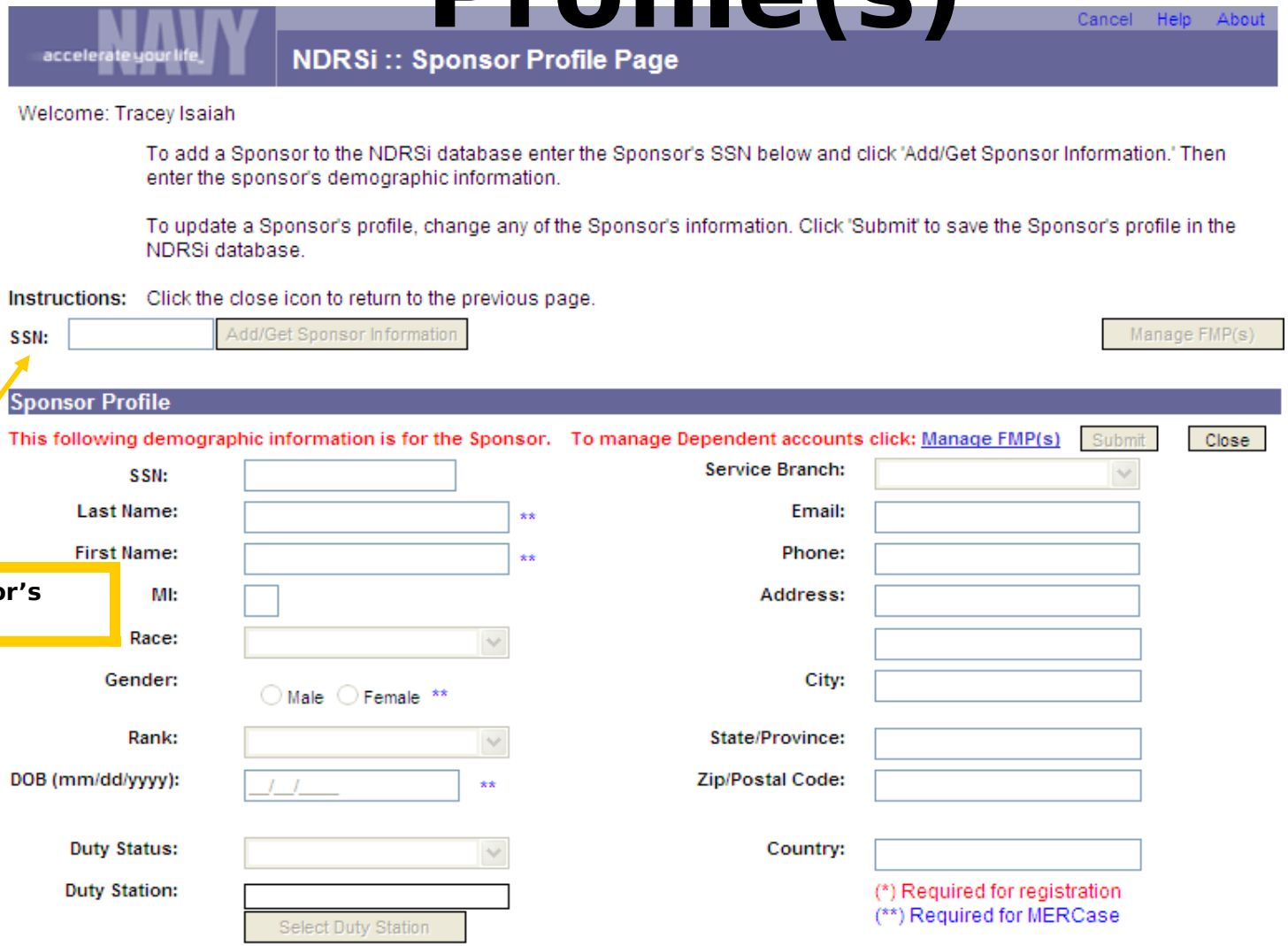
Review Case-Findings by Reporting Unit
Manage STI Case(s)
Manage Sponsor/FMP Profile(s)
Enter/Edit Outbreak Report(s)
Enter/Edit VAERS Case(s)
MER Case Graphing Report
Summary Reports

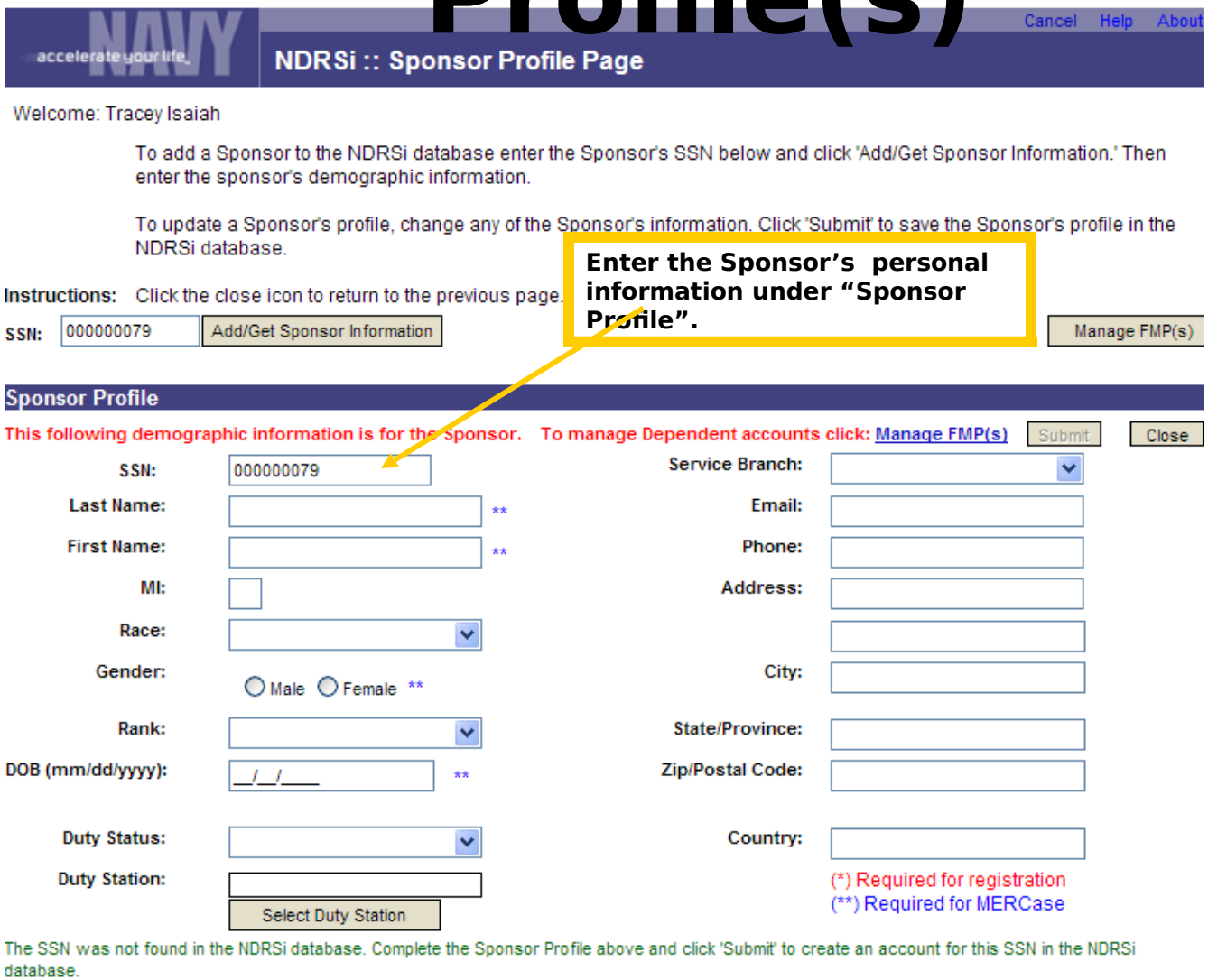
- Click on "Manage Sponsor/FMP Profile(s)

Manage Sponsor/FMP Profile(s)

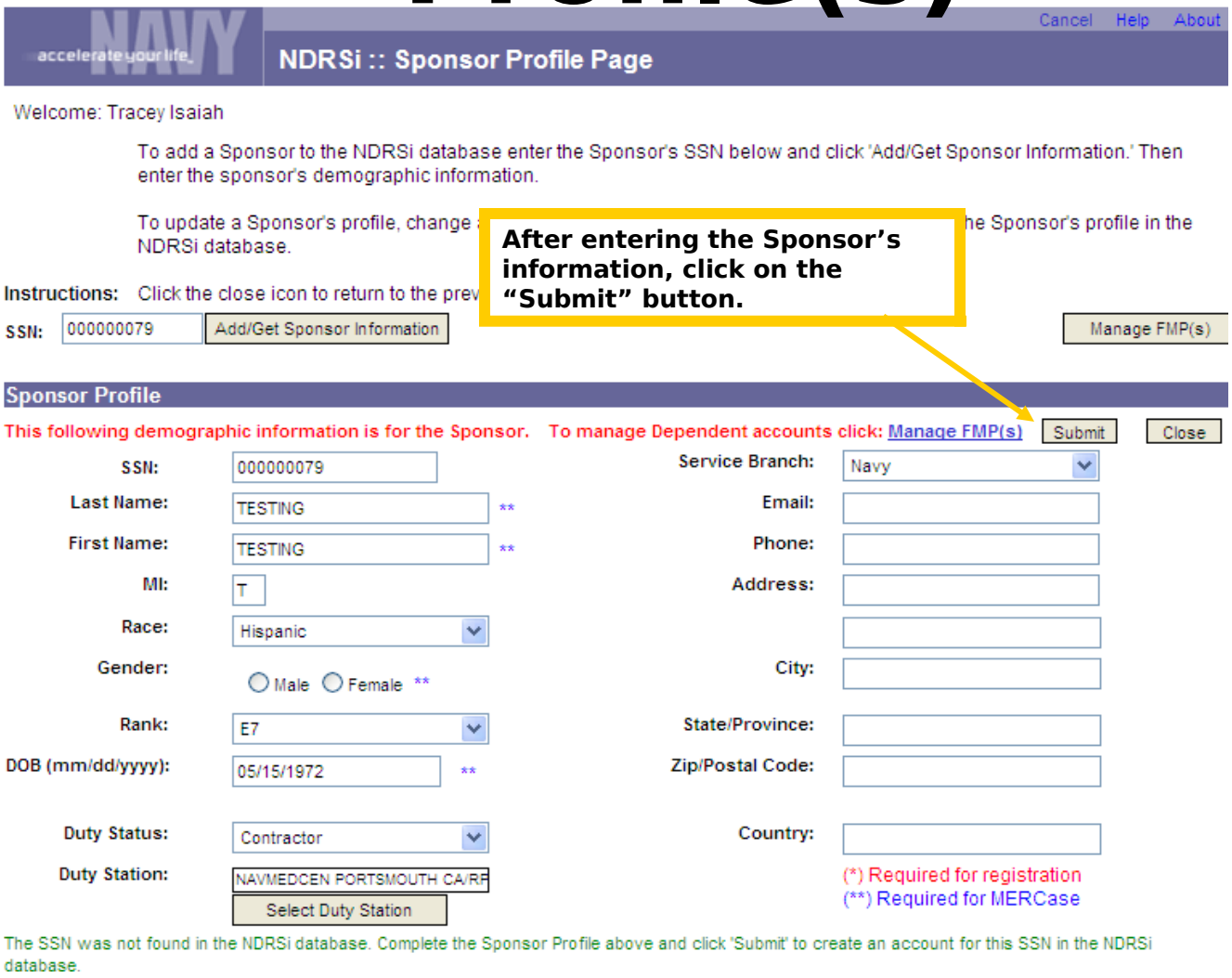


Enter the Sponsor's SSN here.

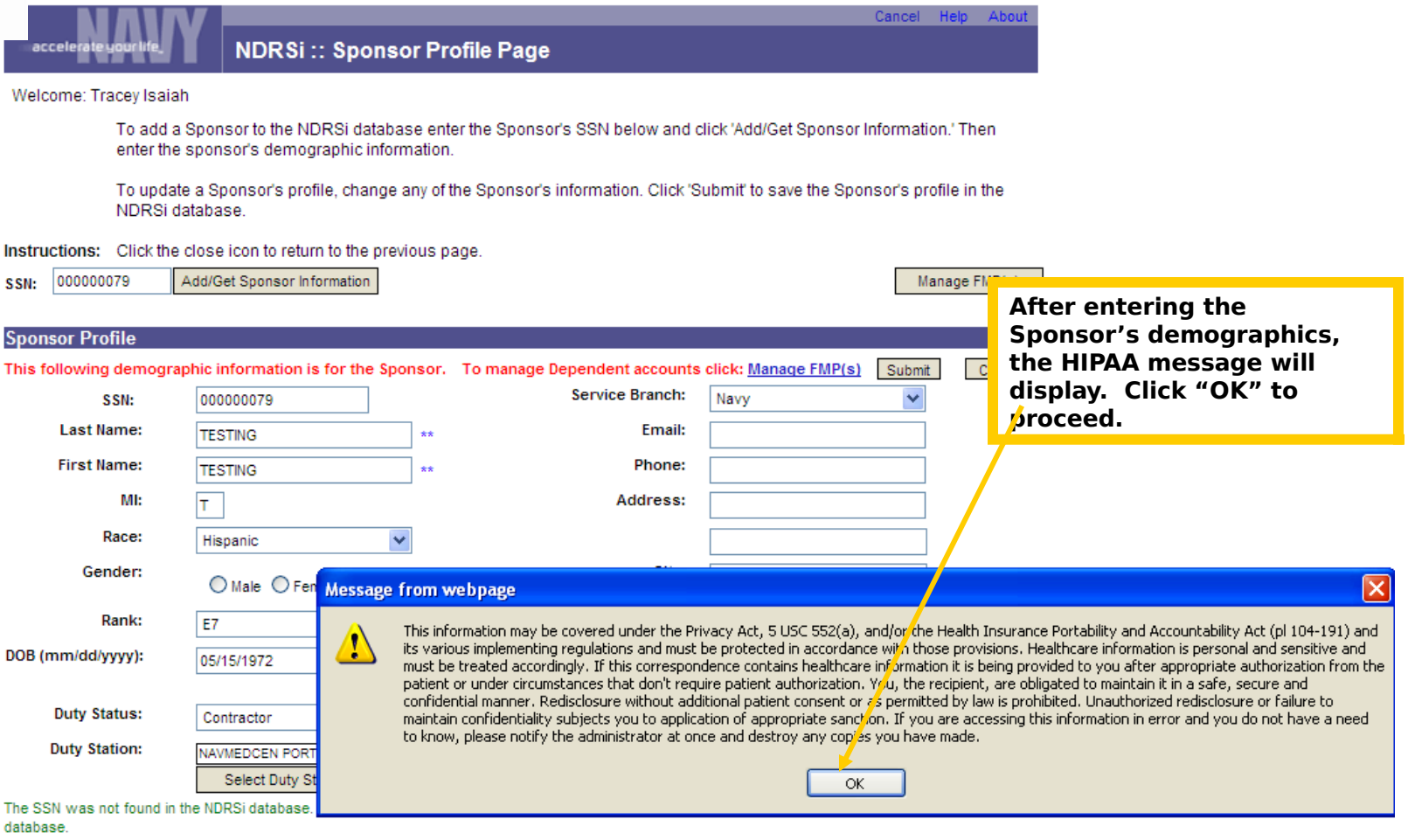
Manage Sponsor/FMP Profile(s)


accelerate your life.
Cancel Help About
NDRSi :: Sponsor Profile Page
Welcome: Tracey Isaiah
To add a Sponsor to the NDRSi database enter the Sponsor's SSN below and click 'Add/Get Sponsor Information.' Then enter the sponsor's demographic information.
To update a Sponsor's profile, change any of the Sponsor's information. Click 'Submit' to save the Sponsor's profile in the NDRSi database.
Instructions: Click the close icon to return to the previous page.
SSN: 000000079
Add/Get Sponsor Information
Manage FMP(s)
Enter the Sponsor's personal information under "Sponsor Profile".
Sponsor Profile
This following demographic information is for the Sponsor. To manage Dependent accounts click: Manage FMP(s)
Submit
Close
SSN: 000000079
Last Name: **
First Name: **
MI:
Race:
Gender: Male Female **
Rank:
DOB (mm/dd/yyyy): __/__/____ **
Duty Status:
Duty Station:
Select Duty Station
Service Branch:
Email:
Phone:
Address:
City:
State/Province:
Zip/Postal Code:
Country:
(*) Required for registration
(**) Required for MERCase
The SSN was not found in the NDRSi database. Complete the Sponsor Profile above and click 'Submit' to create an account for this SSN in the NDRSi database.

Manage Sponsor/FMP Profile(s)

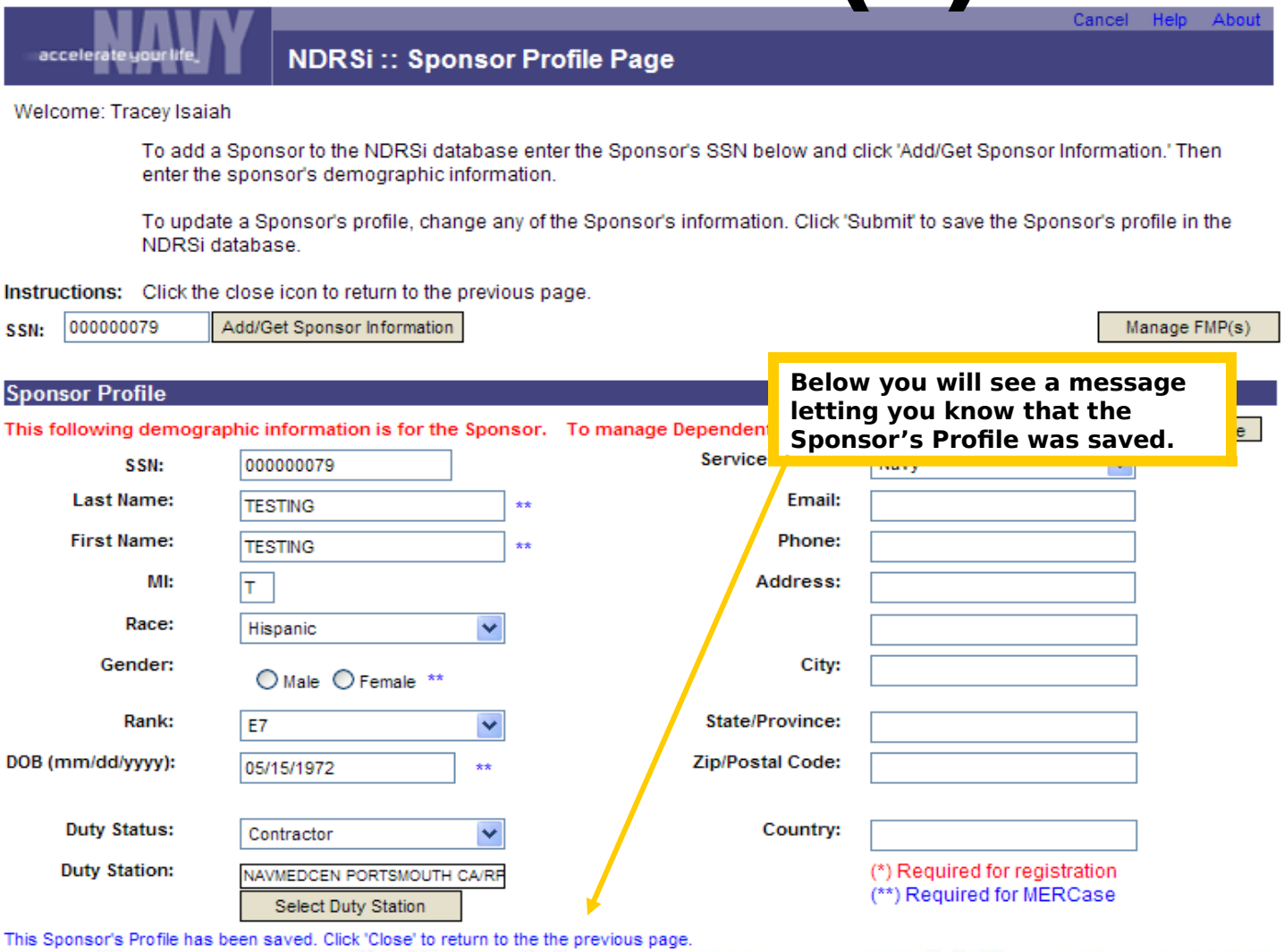

Cancel Help About
accelerate your life.
NDRSi :: Sponsor Profile Page
Welcome: Tracey Isaiah
To add a Sponsor to the NDRSi database enter the Sponsor's SSN below and click 'Add/Get Sponsor Information.' Then enter the sponsor's demographic information.
To update a Sponsor's profile, change
he Sponsor's profile in the NDRSi database.
After entering the Sponsor's information, click on the "Submit" button.
Instructions: Click the close icon to return to the prev
SSN: 000000079
Add/Get Sponsor Information
Manage FMP(s)
Sponsor Profile
This following demographic information is for the Sponsor.
To manage Dependent accounts click: Manage FMP(s)
Submit
Close
SSN: 000000079
Last Name: TESTING **
First Name: TESTING **
MI: T
Race: Hispanic
Gender: Male Female **
Rank: E7
DOB (mm/dd/yyyy): 05/15/1972 **
Duty Status: Contractor
Duty Station: NAVMEDCEN PORTSMOUTH CA/RF
Select Duty Station
Service Branch: Navy
Email:
Phone:
Address:
City:
State/Province:
Zip/Postal Code:
Country:
(*) Required for registration
(**) Required for MERCase
The SSN was not found in the NDRSi database. Complete the Sponsor Profile above and click 'Submit' to create an account for this SSN in the NDRSi database.

Manage Sponsor/FMP Profile(s)


Cancel Help About
accelerate your life
NDRSi :: Sponsor Profile Page
Welcome: Tracey Isaiah
To add a Sponsor to the NDRSi database enter the Sponsor's SSN below and click 'Add/Get Sponsor Information.' Then enter the sponsor's demographic information.
To update a Sponsor's profile, change any of the Sponsor's information. Click 'Submit' to save the Sponsor's profile in the NDRSi database.
Instructions: Click the close icon to return to the previous page.
SSN: 000000079
Add/Get Sponsor Information
Sponsor Profile
This following demographic information is for the Sponsor.
To manage Dependent accounts click: Manage FMP(s)
Submit
SSN: 000000079
Last Name: TESTING
First Name: TESTING
MI: T
Race: Hispanic
Gender:
Male
Rank: E7
DOB (mm/dd/yyyy): 05/15/1972
Duty Status: Contractor
Duty Station: NAVMEDCEN PORT
Select Duty St
Service Branch: Navy
Email:
Phone:
Address:
Message from webpage
This information may be covered under the Privacy Act, 5 USC 552(a), and/or the Health Insurance Portability and Accountability Act (pl 104-191) and its various implementing regulations and must be protected in accordance with those provisions. Healthcare information is personal and sensitive and must be treated accordingly. If this correspondence contains healthcare information it is being provided to you after appropriate authorization from the patient or under circumstances that don't require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Redisclosure without additional patient consent or as permitted by law is prohibited. Unauthorized redisclosure or failure to maintain confidentiality subjects you to application of appropriate sanction. If you are accessing this information in error and you do not have a need to know, please notify the administrator at once and destroy any copies you have made.
OK
The SSN was not found in the NDRSi database.
database.

After entering the Sponsor's demographics, the HIPAA message will display. Click "OK" to proceed.

Manage Sponsor/FMP Profile(s)


Cancel Help About
accelerate your life.
NDRSi :: Sponsor Profile Page
Welcome: Tracey Isaiah
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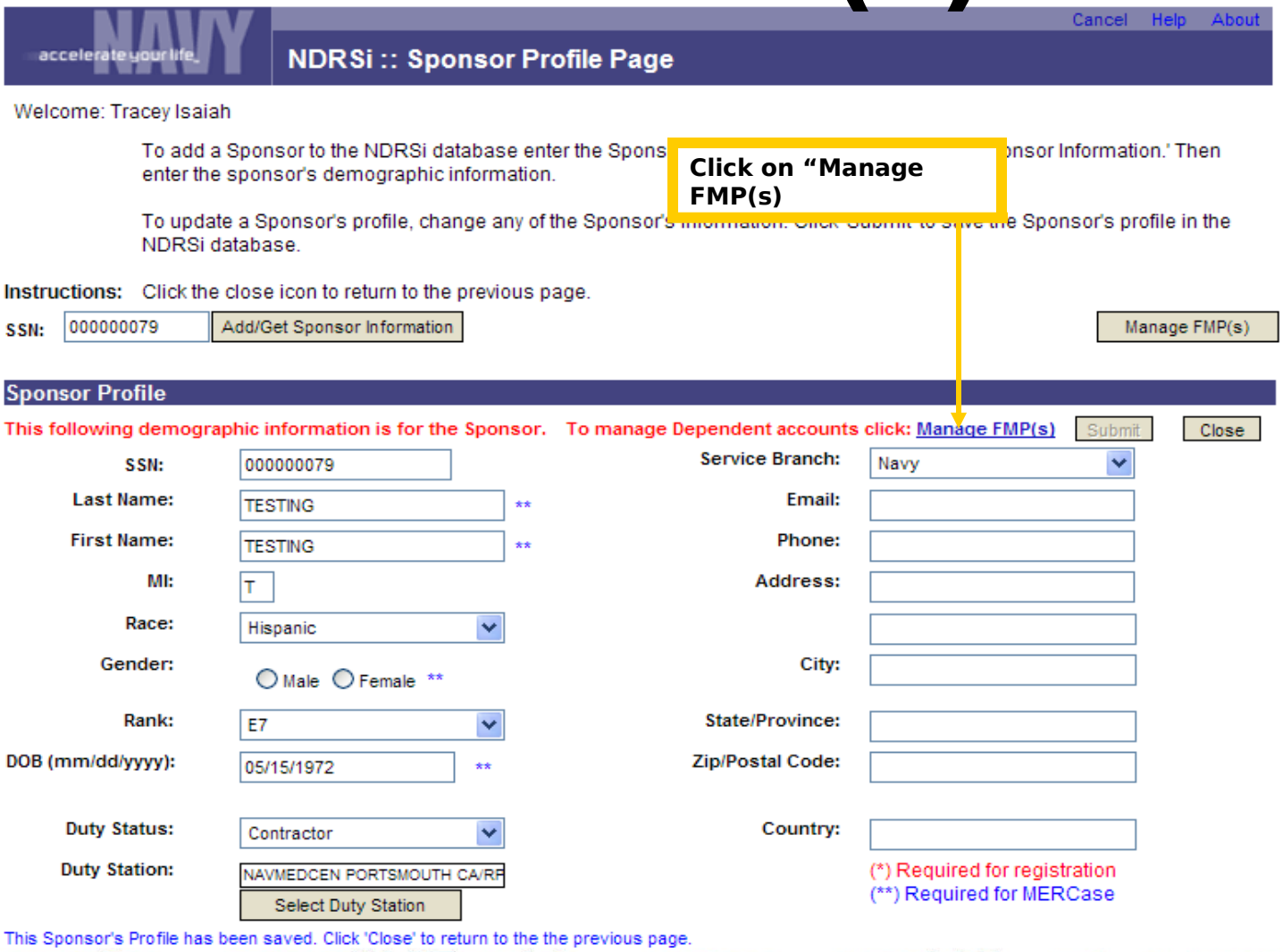
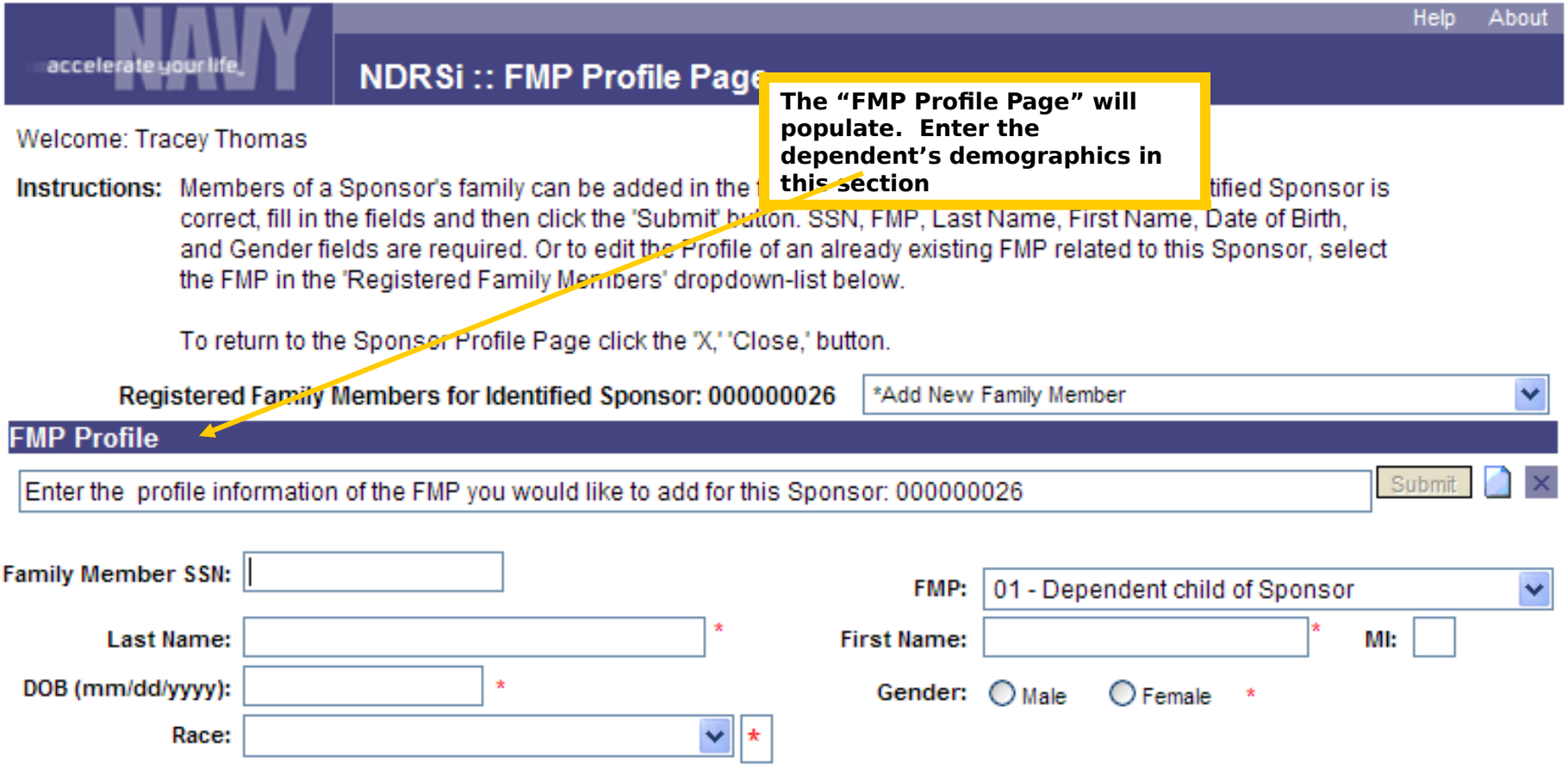
To update a Sponsor's profile, change any of the Sponsor's information. Click 'Submit' to save the Sponsor's profile in the NDRSi database.
Instructions: Click the close icon to return to the previous page.
SSN: 000000079
Add/Get Sponsor Information
Manage FMP(s)
Sponsor Profile
This following demographic information is for the Sponsor. To manage Dependent
SSN: 000000079
Last Name: TESTING **
First Name: TESTING **
MI: T
Race: Hispanic
Gender: Male Female **
Rank: E7
DOB (mm/dd/yyyy): 05/15/1972 **
Duty Status: Contractor
Duty Station: NAVMEDCEN PORTSMOUTH CA/RF
Select Duty Station
Service
Email:
Phone:
Address:
City:
State/Province:
Zip/Postal Code:
Country:
(*) Required for registration
(**) Required for MERCase
This Sponsor's Profile has been saved. Click 'Close' to return to the the previous page.

Below you will see a message letting you know that the Sponsor's Profile was saved.

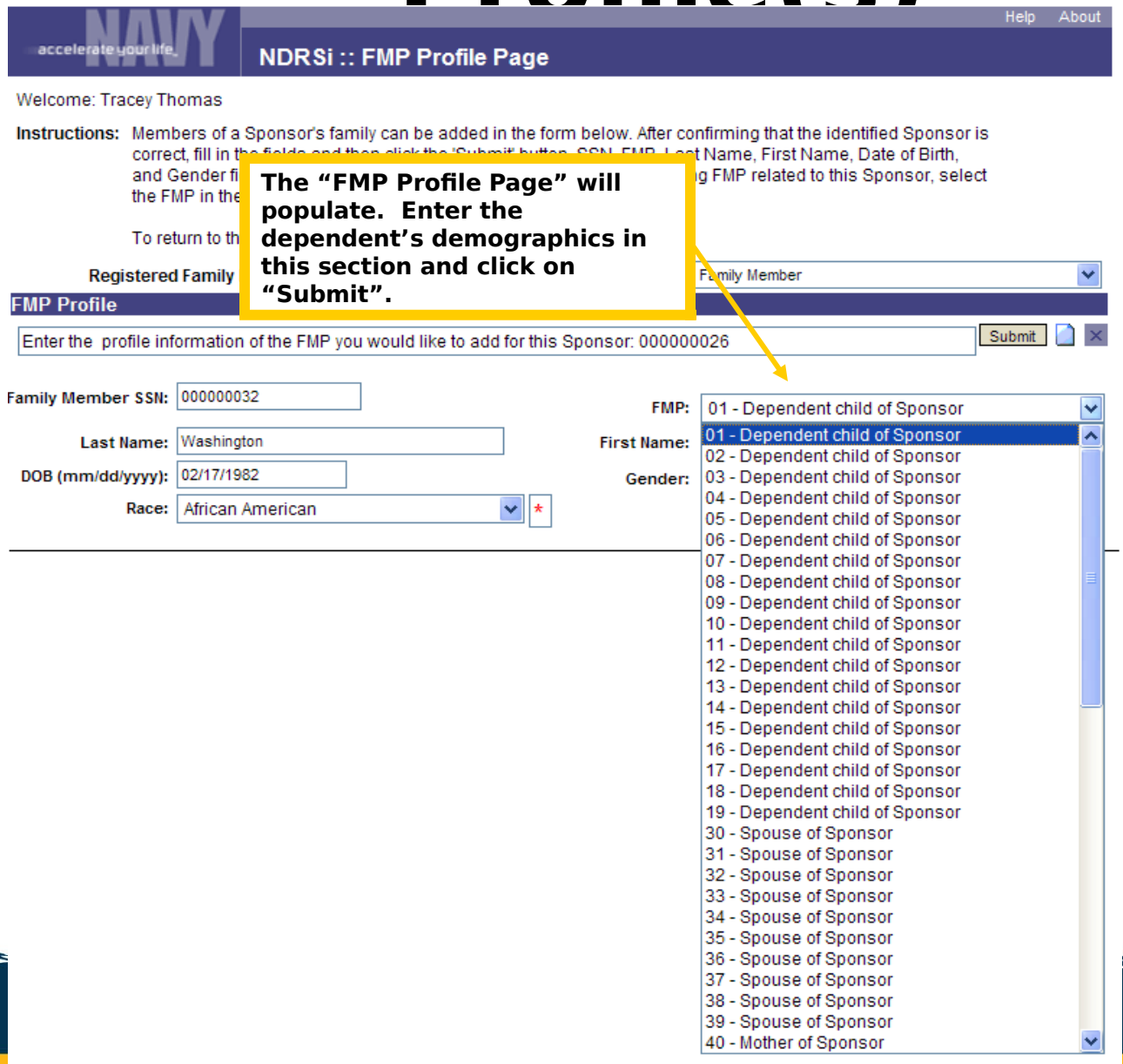
Manage Sponsor/FMP Profile(s)


Cancel Help About
accelerate your life.
NDRSi :: Sponsor Profile Page
Welcome: Tracey Isaiah
To add a Sponsor to the NDRSi database enter the Spons onsor Information.' Then enter the sponsor's demographic information.
To update a Sponsor's profile, change any of the Sponsor's information. Click 'Submit' to save the Sponsor's profile in the NDRSi database.
Click on "Manage FMP(s)
Instructions: Click the close icon to return to the previous page.
SSN: 000000079
Add/Get Sponsor Information
Manage FMP(s)
Sponsor Profile
This following demographic information is for the Sponsor. To manage Dependent accounts click: Manage FMP(s)
Submit
Close
SSN: 000000079
Last Name: TESTING **
First Name: TESTING **
MI: T
Race: Hispanic
Gender: Male Female **
Rank: E7
DOB (mm/dd/yyyy): 05/15/1972 **
Duty Status: Contractor
Duty Station: NAVMEDCEN PORTSMOUTH CA/RF
Select Duty Station
Service Branch: Navy
Email:
Phone:
Address:
City:
State/Province:
Zip/Postal Code:
Country:
(*) Required for registration
(**) Required for MERCase
This Sponsor's Profile has been saved. Click 'Close' to return to the the previous page.

Manage Sponsor/FMP Profile(s)

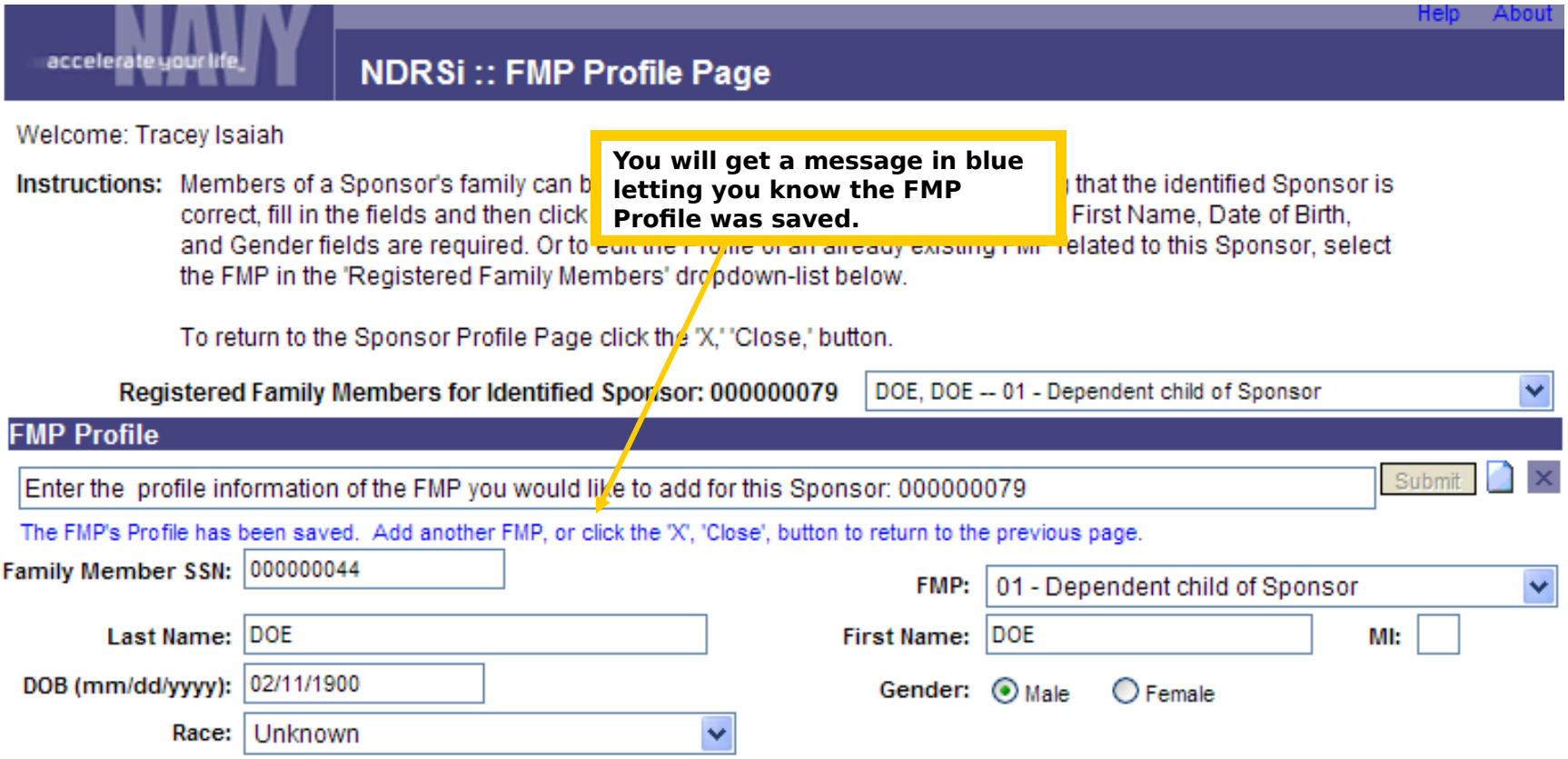

Help
About
accelerate your life.
NDRSi :: FMP Profile Page
The "FMP Profile Page" will populate. Enter the dependent's demographics in this section
Welcome: Tracey Thomas
Instructions: Members of a Sponsor's family can be added in the
tified Sponsor is correct, fill in the fields and then click the 'Submit' button. SSN, FMP, Last Name, First Name, Date of Birth, and Gender fields are required. Or to edit the Profile of an already existing FMP related to this Sponsor, select the FMP in the 'Registered Family Members' dropdown-list below.
To return to the Sponsor Profile Page click the 'X,' 'Close,' button.
Registered Family Members for Identified Sponsor: 000000026
*Add New Family Member
FMP Profile
Enter the profile information of the FMP you would like to add for this Sponsor: 000000026
Submit
Family Member SSN:
FMP:
01 - Dependent child of Sponsor
Last Name:
First Name:
MI:
DOB (mm/dd/yyyy):
Gender:
Male
Female
Race:

Manage Sponsor/FMP Profile(s)

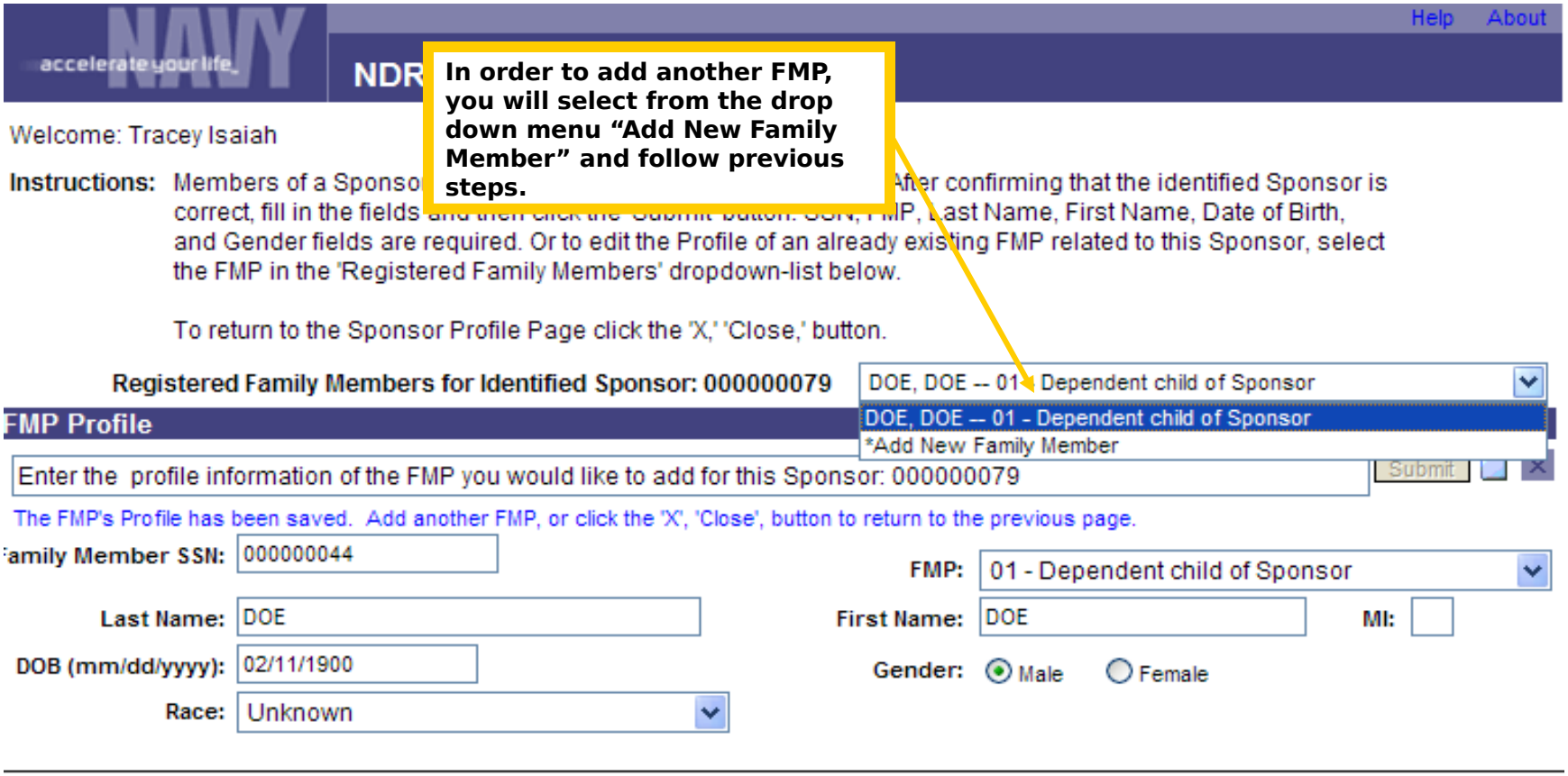

Help About
accelerate your life.
NDRSi :: FMP Profile Page
Welcome: Tracey Thomas
Instructions: Members of a Sponsor's family can be added in the form below. After confirming that the identified Sponsor is
correct, fill in t
and Gender fi
the FMP in the
To return to th
g FMP related to this Sponsor, select
Registered Family
Family Member
FMP Profile
Enter the profile information of the FMP you would like to add for this Sponsor: 000000026
Submit
Family Member SSN: 000000032
FMP: 01 - Dependent child of Sponsor
Last Name: Washington
First Name:
DOB (mm/dd/yyyy): 02/17/1982
Gender:
Race: African American
01 - Dependent child of Sponsor
02 - Dependent child of Sponsor
03 - Dependent child of Sponsor
04 - Dependent child of Sponsor
05 - Dependent child of Sponsor
06 - Dependent child of Sponsor
07 - Dependent child of Sponsor
08 - Dependent child of Sponsor
09 - Dependent child of Sponsor
10 - Dependent child of Sponsor
11 - Dependent child of Sponsor
12 - Dependent child of Sponsor
13 - Dependent child of Sponsor
14 - Dependent child of Sponsor
15 - Dependent child of Sponsor
16 - Dependent child of Sponsor
17 - Dependent child of Sponsor
18 - Dependent child of Sponsor
19 - Dependent child of Sponsor
30 - Spouse of Sponsor
31 - Spouse of Sponsor
32 - Spouse of Sponsor
33 - Spouse of Sponsor
34 - Spouse of Sponsor
35 - Spouse of Sponsor
36 - Spouse of Sponsor
37 - Spouse of Sponsor
38 - Spouse of Sponsor
39 - Spouse of Sponsor
40 - Mother of Sponsor

The "FMP Profile Page" will populate. Enter the dependent's demographics in this section and click on "Submit".

Manage Sponsor/FMP Profile(s)

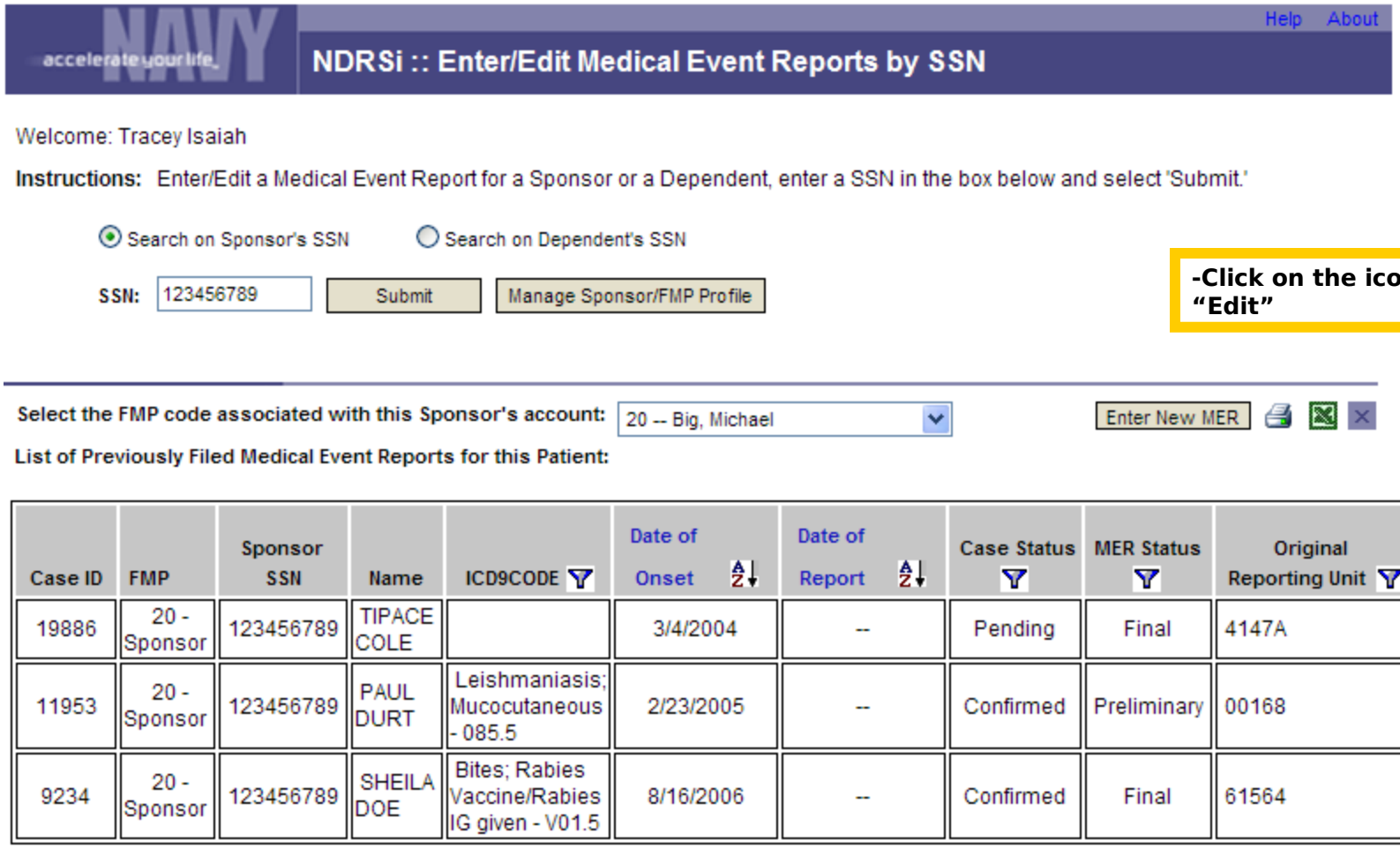

Help About
accelerate your life.
NDRSi :: FMP Profile Page
Welcome: Tracey Isaiah
Instructions: Members of a Sponsor's family can b that the identified Sponsor is correct, fill in the fields and then click First Name, Date of Birth, and Gender fields are required. Or to edit the Profile of an already existing FMP related to this Sponsor, select the FMP in the 'Registered Family Members' dropdown-list below.
To return to the Sponsor Profile Page click the 'X,' 'Close,' button.
You will get a message in blue letting you know the FMP Profile was saved.
Registered Family Members for Identified Sponsor: 000000079
DOE, DOE -- 01 - Dependent child of Sponsor
FMP Profile
Enter the profile information of the FMP you would like to add for this Sponsor: 000000079
Submit
The FMP's Profile has been saved. Add another FMP, or click the 'X', 'Close', button to return to the previous page.
Family Member SSN: 000000044
FMP: 01 - Dependent child of Sponsor
Last Name: DOE
First Name: DOE
MI:
DOB (mm/dd/yyyy): 02/11/1900
Gender: Male Female
Race: Unknown

Manage Sponsor/FMP Profile(s)


accelerate your life
Help
About
In order to add another FMP, you will select from the drop down menu "Add New Family Member" and follow previous steps.
Welcome: Tracey Isaiah
Instructions: Members of a Sponso
After confirming that the identified Sponsor is correct, fill in the fields
P, Last Name, First Name, Date of Birth, and Gender fields are required. Or to edit the Profile of an already existing FMP related to this Sponsor, select the FMP in the 'Registered Family Members' dropdown-list below.
To return to the Sponsor Profile Page click the 'X,' 'Close,' button.
Registered Family Members for Identified Sponsor: 000000079
DOE, DOE -- 01 - Dependent child of Sponsor
DOE, DOE -- 01 - Dependent child of Sponsor
*Add New Family Member
FMP Profile
Enter the profile information of the FMP you would like to add for this Sponsor: 000000079
Submit
The FMP's Profile has been saved. Add another FMP, or click the 'X', 'Close', button to return to the previous page.
amily Member SSN: 000000044
FMP: 01 - Dependent child of Sponsor
Last Name: DOE
First Name: DOE
MI:
DOB (mm/dd/yyyy): 02/11/1900
Gender: Male Female
Race: Unknown

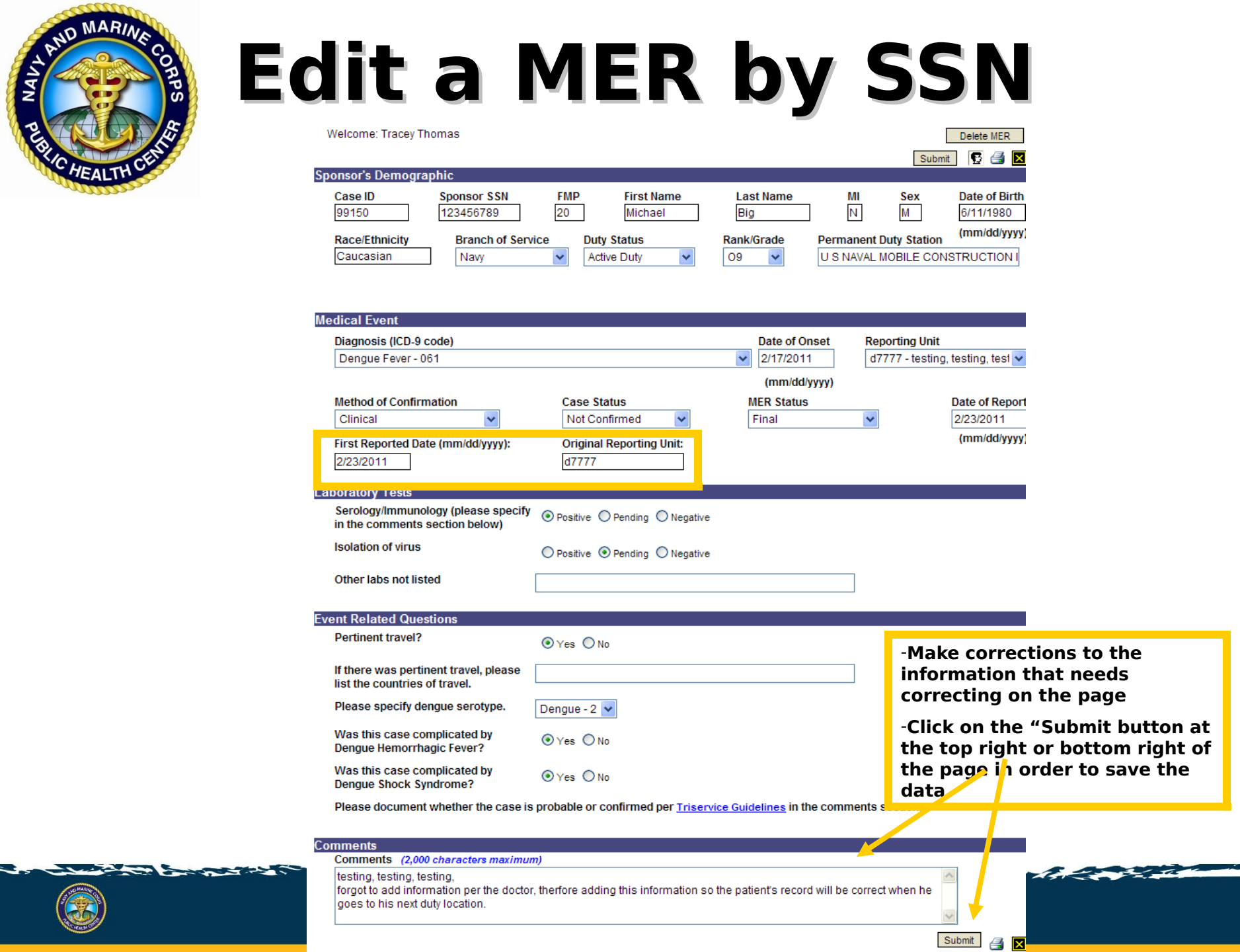
How to Edit a Medical Event Report (MER)

Edit a MER by SSN


Help About
accelerate your life.
NDRSi :: Enter/Edit Medical Event Reports by SSN
Welcome: Tracey Isaiah
Instructions: Enter/Edit a Medical Event Report for a Sponsor or a Dependent, enter a SSN in the box below and select 'Submit.'
Search on Sponsor's SSN
Search on Dependent's SSN
SSN: 123456789
Submit
Manage Sponsor/FMP Profile
-Click on the icon under "Edit"
Select the FMP code associated with this Sponsor's account:
20 -- Big, Michael
Enter New MER
List of Previously Filed Medical Event Reports for this Patient:

Case ID	FMP	Sponsor SSN	Name	ICD9CODE	Date of Onset	Date of Report	Case Status	MER Status	Original Reporting Unit	POC	Edit
19886	20 - Sponsor	123456789	TIPACE COLE		3/4/2004	--	Pending	Final	4147A	No email	
11953	20 - Sponsor	123456789	PAUL DURT	Leishmaniasis; Mucocutaneous - 085.5	2/23/2005	--	Confirmed	Preliminary	00168	No email	
9234	20 - Sponsor	123456789	SHEILA DOE	Bites; Rabies Vaccine/Rabies IG given - V01.5	8/16/2006	--	Confirmed	Final	61564	No email	

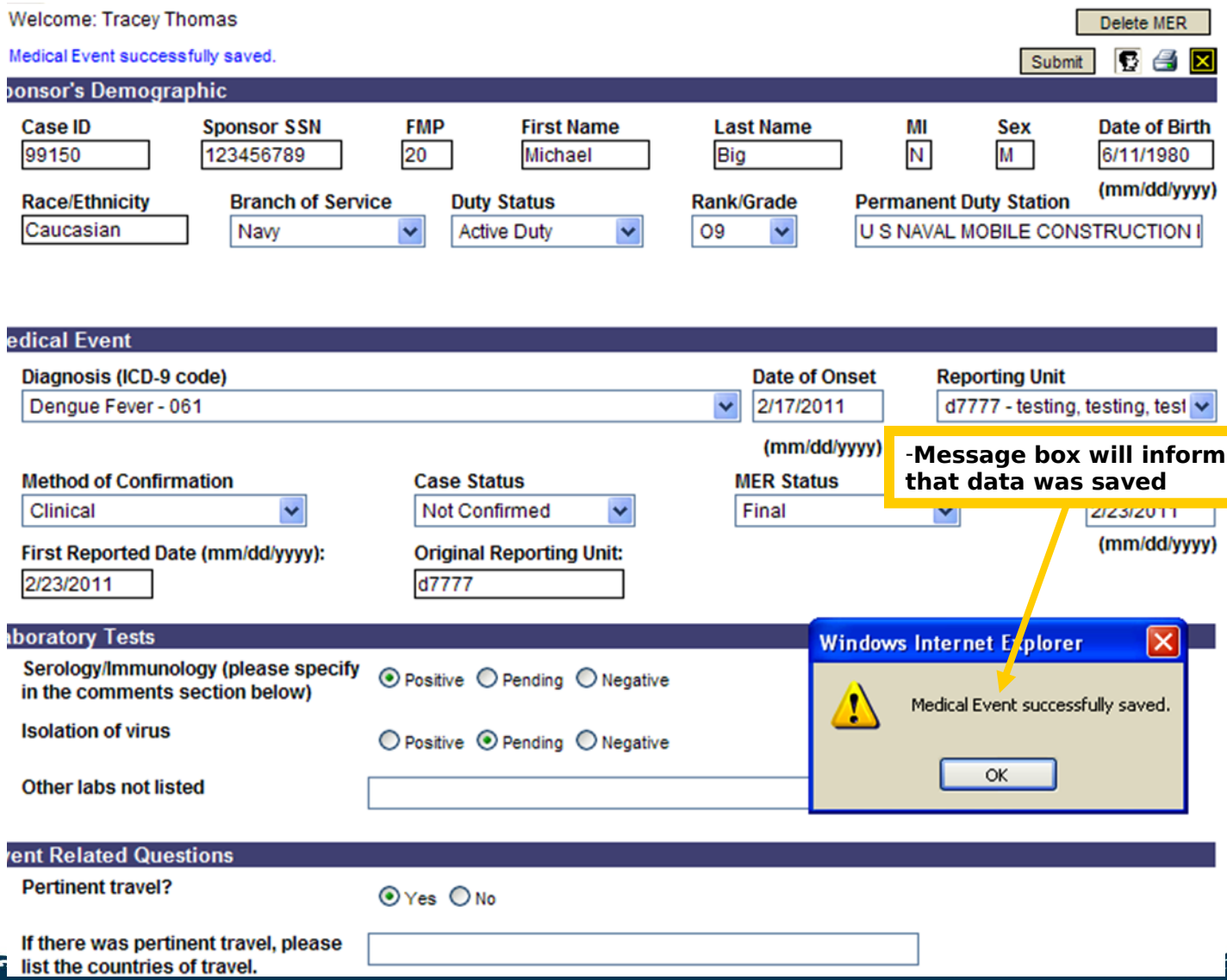
Edit a MER by SSN



-Make corrections to the information that needs correcting on the page

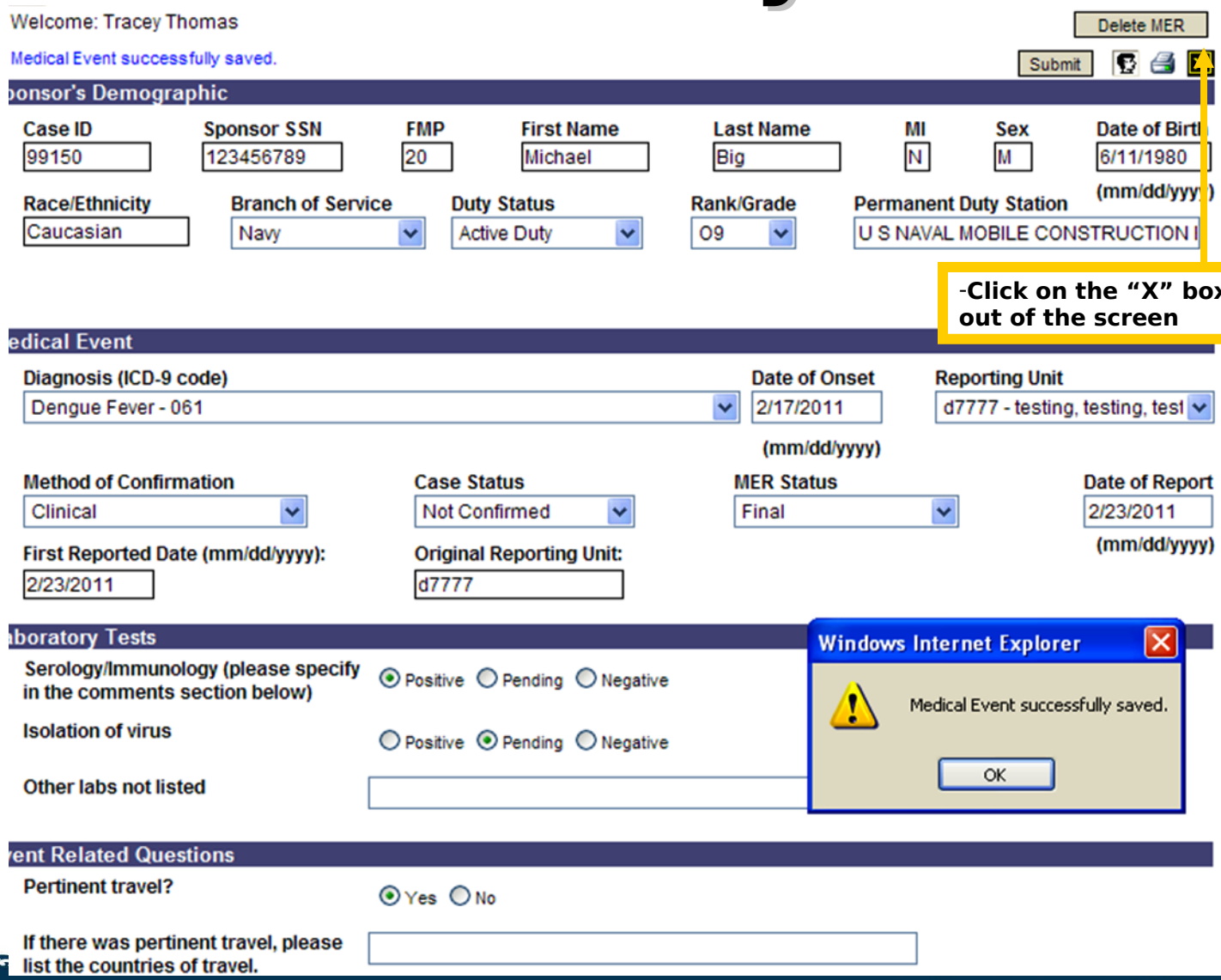
-Click on the "Submit button at the top right or bottom right of the page in order to save the data

Edit a MER by SSN

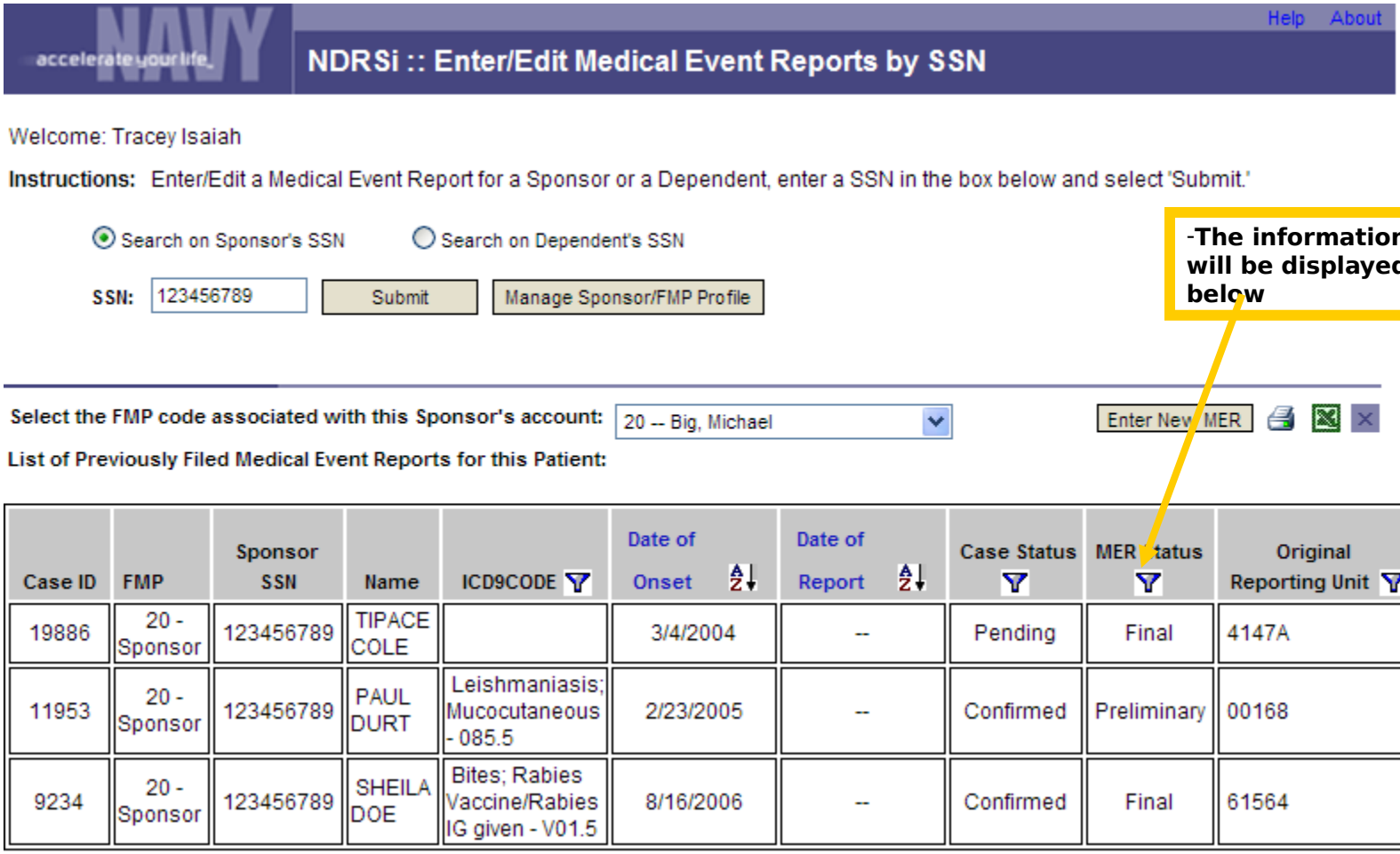


-**Message box will inform you that data was saved**

Edit a MER by SSN



Edit a MER by SSN


Help About
accelerate your life.
NDRSi :: Enter/Edit Medical Event Reports by SSN
Welcome: Tracey Isaiah
Instructions: Enter/Edit a Medical Event Report for a Sponsor or a Dependent, enter a SSN in the box below and select 'Submit.'
Search on Sponsor's SSN
Search on Dependent's SSN
SSN: 123456789
Submit
Manage Sponsor/FMP Profile
-The information you entered will be displayed in the list below
Select the FMP code associated with this Sponsor's account:
20 -- Big, Michael
Enter New MER
List of Previously Filed Medical Event Reports for this Patient:

Case ID	FMP	Sponsor SSN	Name	ICD9CODE	Date of Onset	Date of Report	Case Status	MER Status	Original Reporting Unit	POC	Edit
19886	20 - Sponsor	123456789	TIPACE COLE		3/4/2004	--	Pending	Final	4147A	No email	
11953	20 - Sponsor	123456789	PAUL DURT	Leishmaniasis; Mucocutaneous - 085.5	2/23/2005	--	Confirmed	Preliminary	00168	No email	
9234	20 - Sponsor	123456789	SHEILA DOE	Bites; Rabies Vaccine/Rabies IG given - V01.5	8/16/2006	--	Confirmed	Final	61564	No email	

Review Case-Findings by Reporting Unit

Case Finding Module

- **Released: July 2009**

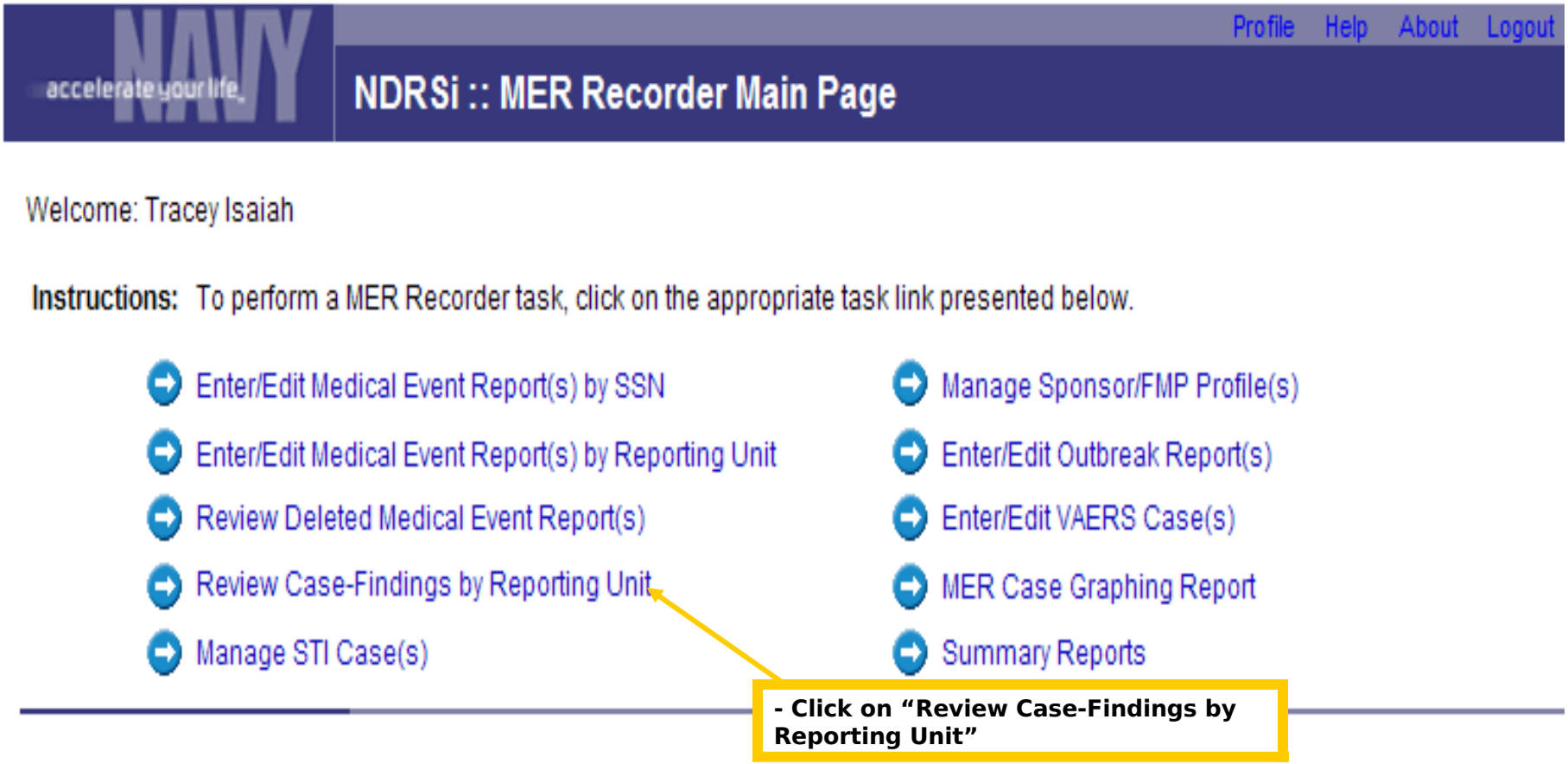
- **Purpose: To enhance local PM identification of potential reportable events for NMCPHC receives information on clinical lab results recorded in CHCS *(It is only NMCPHC that receives these lab results, not USAPHC*)**

- **Methods have been established to identify possible cases of 21 diseases from the lab data**

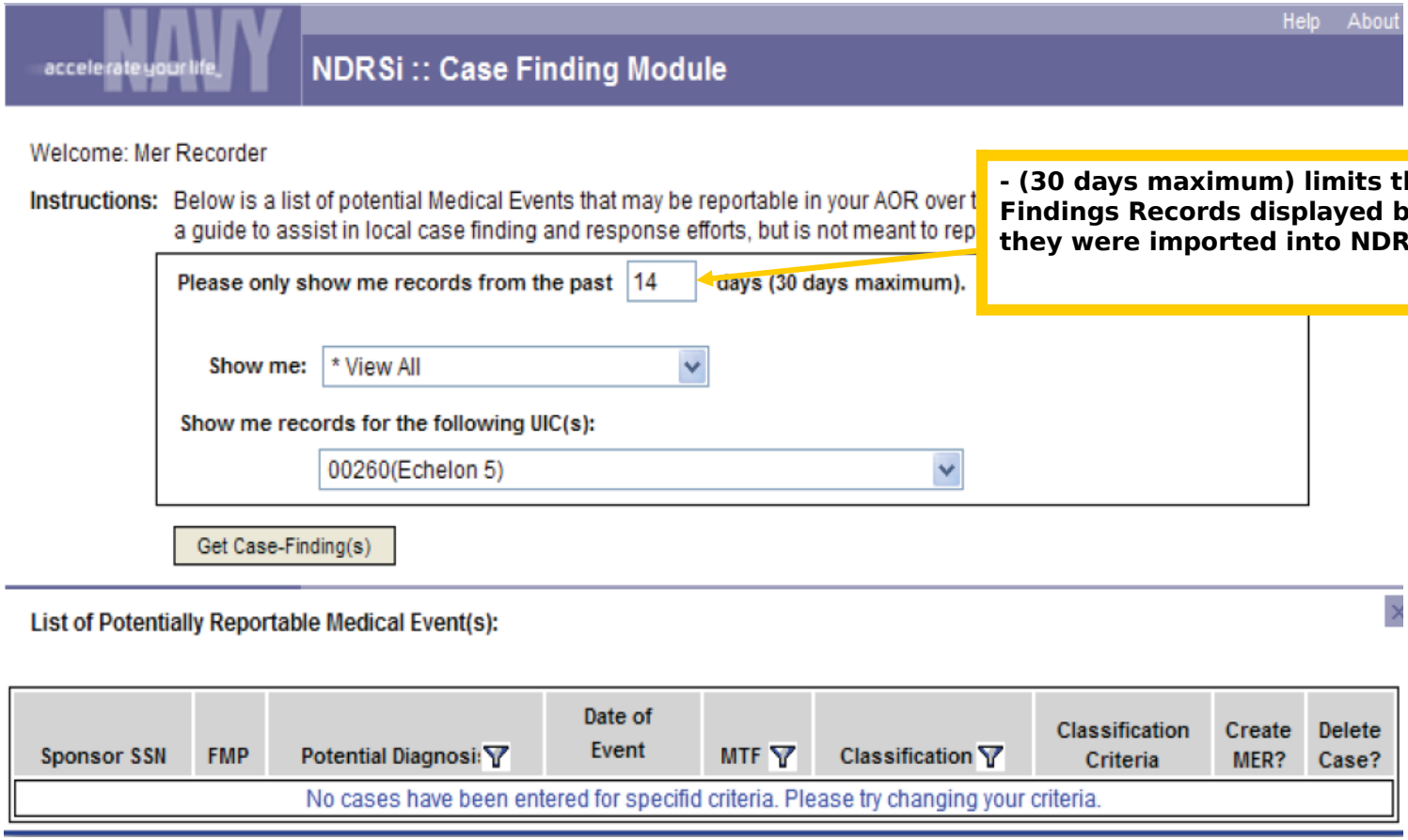
- **Delivers information to local NDRSi users for follow-up and subsequent MER generation**

- **Case Finding records are not MERs**

Case Finding Module

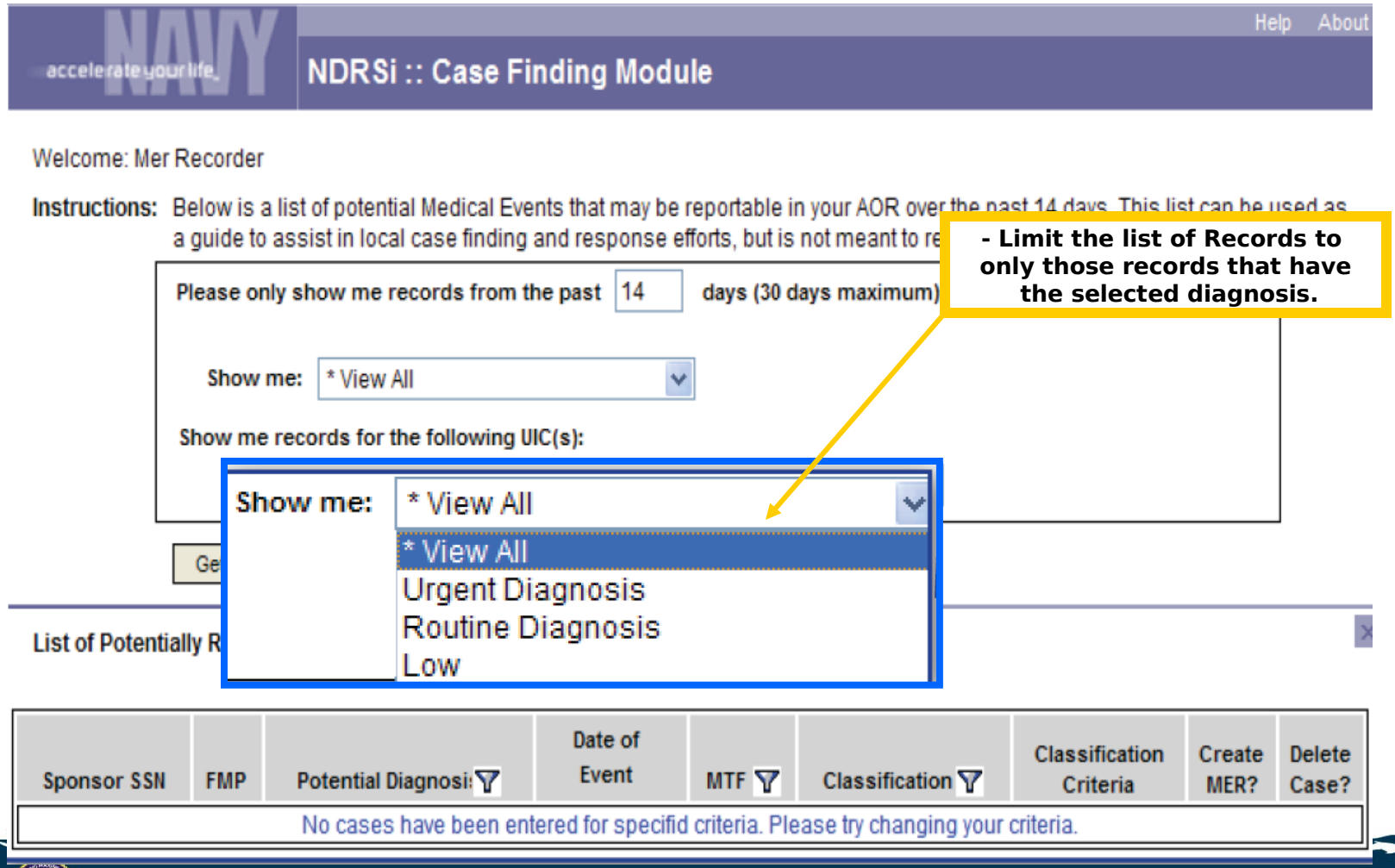

Profile Help About Logout
accelerate your life.
NDRSi :: MER Recorder Main Page
Welcome: Tracey Isaiah
Instructions: To perform a MER Recorder task, click on the appropriate task link presented below.
Enter/Edit Medical Event Report(s) by SSN
Enter/Edit Medical Event Report(s) by Reporting Unit
Review Deleted Medical Event Report(s)
Review Case-Findings by Reporting Unit
Manage STI Case(s)
Manage Sponsor/FMP Profile(s)
Enter/Edit Outbreak Report(s)
Enter/Edit VAERS Case(s)
MER Case Graphing Report
Summary Reports
- Click on "Review Case-Findings by Reporting Unit"

Case Finding Module


Help About
accelerate your life.
NDRSi :: Case Finding Module
Welcome: Mer Recorder
Instructions: Below is a list of potential Medical Events that may be reportable in your AOR over t
a guide to assist in local case finding and response efforts, but is not meant to rep
Please only show me records from the past 14 days (30 days maximum).
Show me: * View All
Show me records for the following UIC(s):
00260(Echelon 5)
Get Case-Finding(s)
List of Potentially Reportable Medical Event(s):
Sponsor SSN
FMP
Potential Diagnosi
Date of Event
MTF
Classification
Classification Criteria
Create MER?
Delete Case?
No cases have been entered for specifid criteria. Please try changing your criteria.

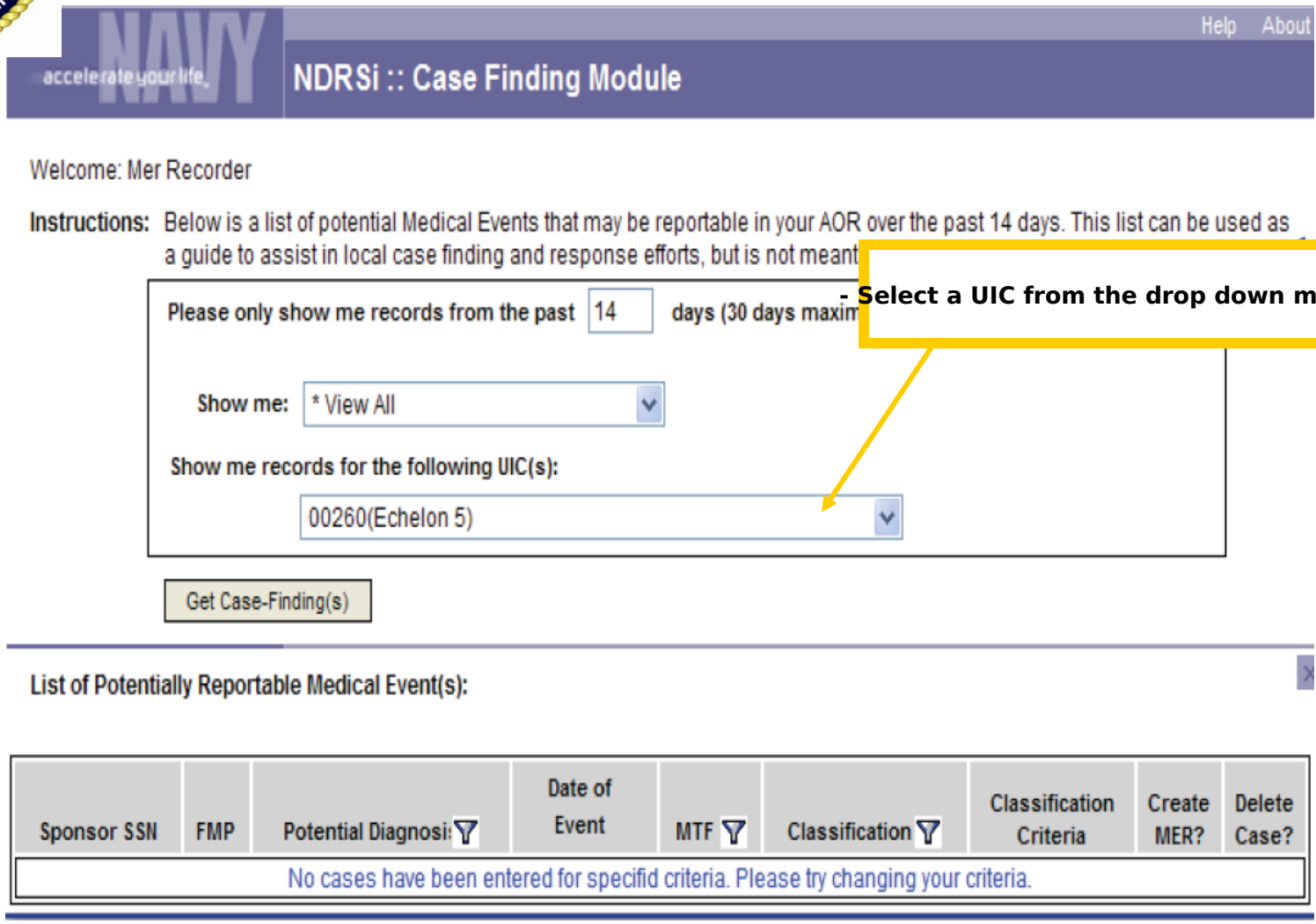
- (30 days maximum) limits the Case Findings Records displayed based on when they were imported into NDRSi.

Case Finding Module


Help About
accelerate your life.
NDRSi :: Case Finding Module
Welcome: Mer Recorder
Instructions: Below is a list of potential Medical Events that may be reportable in your AOR over the past 14 days. This list can be used as
a guide to assist in local case finding and response efforts, but is not meant to re
Please only show me records from the past 14 days (30 days maximum)
Show me: * View All
Show me records for the following UIC(s):
Show me: * View All
* View All
Urgent Diagnosis
Routine Diagnosis
Low
List of Potentially R
Sponsor SSN
FMP
Potential Diagnosi
Date of Event
MTF
Classification
Classification Criteria
Create MER?
Delete Case?
No cases have been entered for specifid criteria. Please try changing your criteria.

- Limit the list of Records to only those records that have the selected diagnosis.

Case Finding Module


Help About
accelerate your life.
NDRSi :: Case Finding Module
Welcome: Mer Recorder
Instructions: Below is a list of potential Medical Events that may be reportable in your AOR over the past 14 days. This list can be used as
a guide to assist in local case finding and response efforts, but is not meant
Please only show me records from the past 14 days (30 days maxim
- Select a UIC from the drop down menu
Show me: * View All
Show me records for the following UIC(s):
00260(Echelon 5)
Get Case-Finding(s)
List of Potentially Reportable Medical Event(s):
Sponsor SSN
FMP
Potential Diagnosi
Date of Event
MTF
Classification
Classification Criteria
Create MER?
Delete Case?
No cases have been entered for specifid criteria. Please try changing your criteria.

Case Finding Module

Welcome: Tracey Isaiah

Instructions: Below is a list of potential Medical Events that may be reportable in your AOR over the past 14 days. This list can be used as a guide to assist in local case finding and response efforts, but is not meant to replace these activities.

Please only show me records from the past 14 **days (30 days maximum).**

Show me: * View All

Show me records for the following UIC(s):

00232

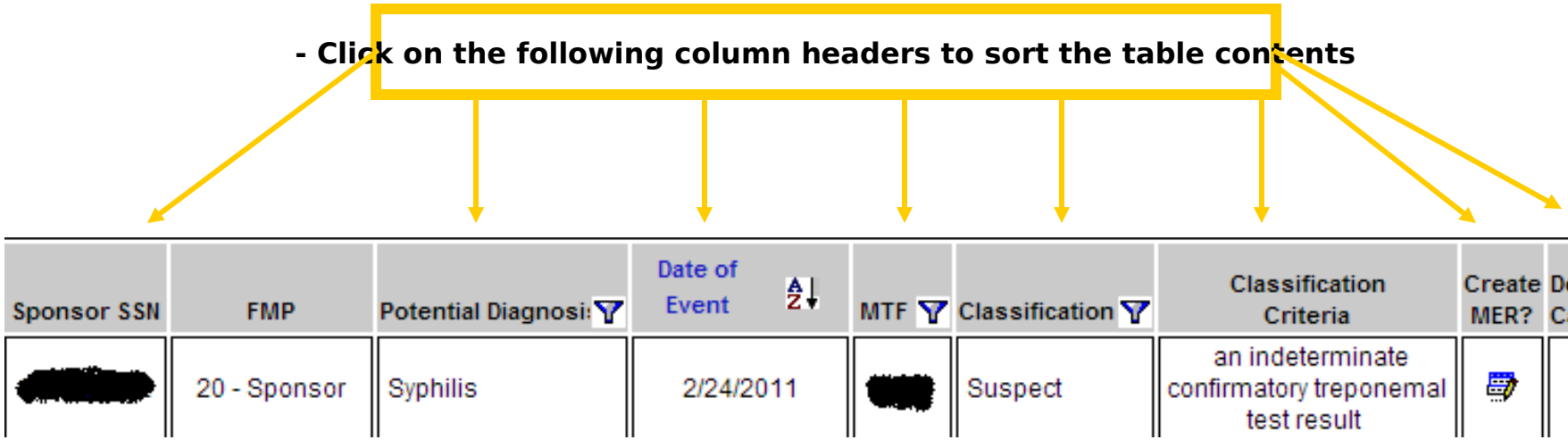
Get Case-Finding(s)

List of Potentially Reportable Medical Event(s):

Sponsor SSN	FMP	Potential Diagnosis	Date of Event	MTF	Classification	Classification Criteria	Create MER?	Delete Case?
[redacted]	01 - Dependent child of Sponsor	Shigellosis	1/31/2010	[redacted]	Positive	positive stool culture		
[redacted]	30 - Spouse of Sponsor	Chlamydia	1/26/2010	[redacted]	Positive	Positive lab test in a genital specimen		
[redacted]	01 - Dependent child of Sponsor	Chlamydia	1/26/2010	[redacted]	Positive	Positive lab test in a genital specimen		
[redacted]	02 - Dependent child of Sponsor	Chlamydia	1/25/2010	[redacted]	Positive	Positive lab test in a genital specimen		
[redacted]	30 - Spouse of Sponsor	Chlamydia	1/25/2010	[redacted]	Positive	Positive lab test in a genital specimen		

Case Finding Module

- Click on the following column headers to sort the table contents



Sponsor SSN	FMP	Potential Diagnosis	Date of Event	MTF	Classification	Classification Criteria	Create MER?	Delete Case?
[redacted]	20 - Sponsor	Syphilis	2/24/2011	[redacted]	Suspect	an indeterminate confirmatory treponemal test result		

Sexually Transmitted Infection Cases (STI)

(STI) Module

created to gather data and track cases:

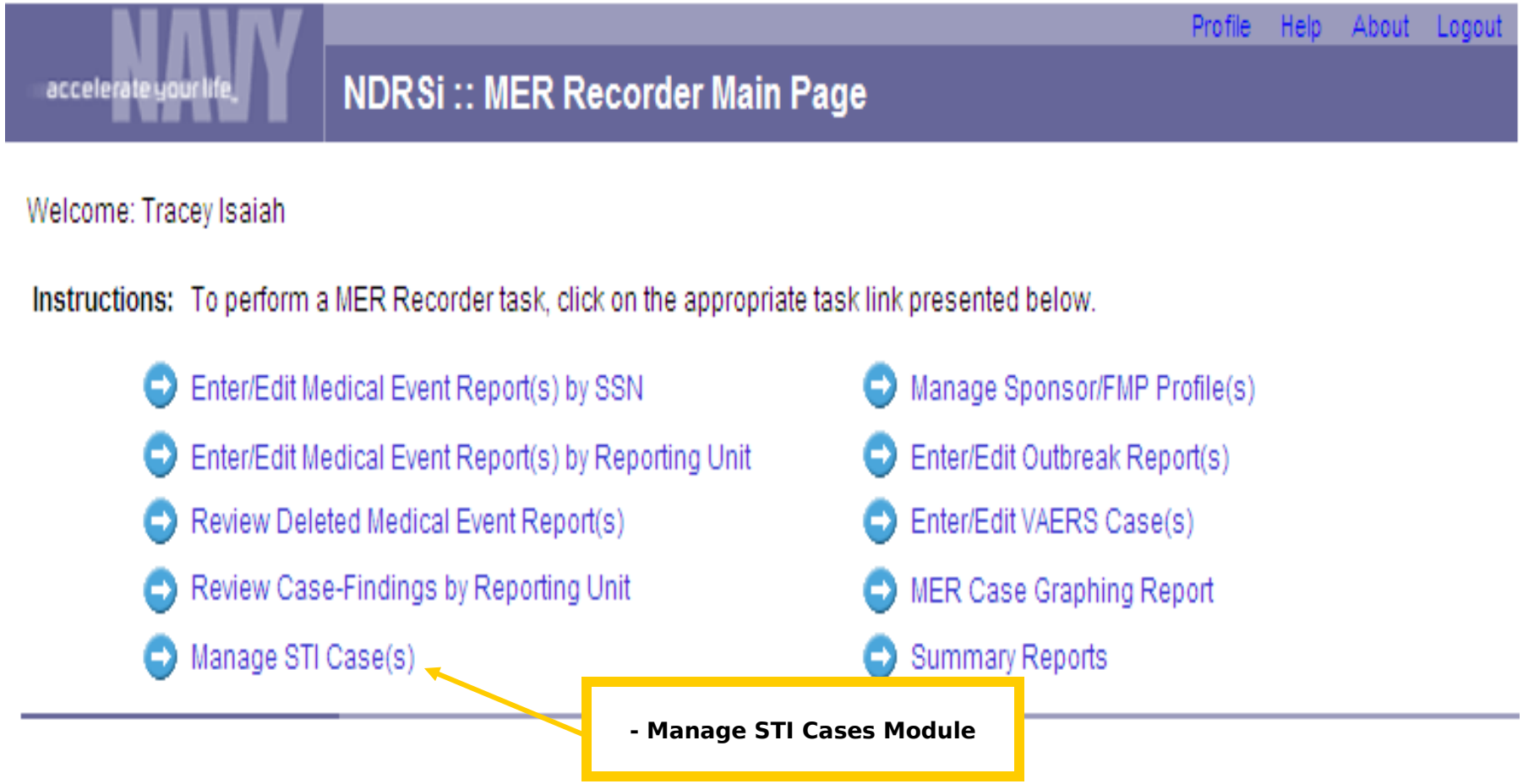
* If the patient was single/married

* Did they use a condom

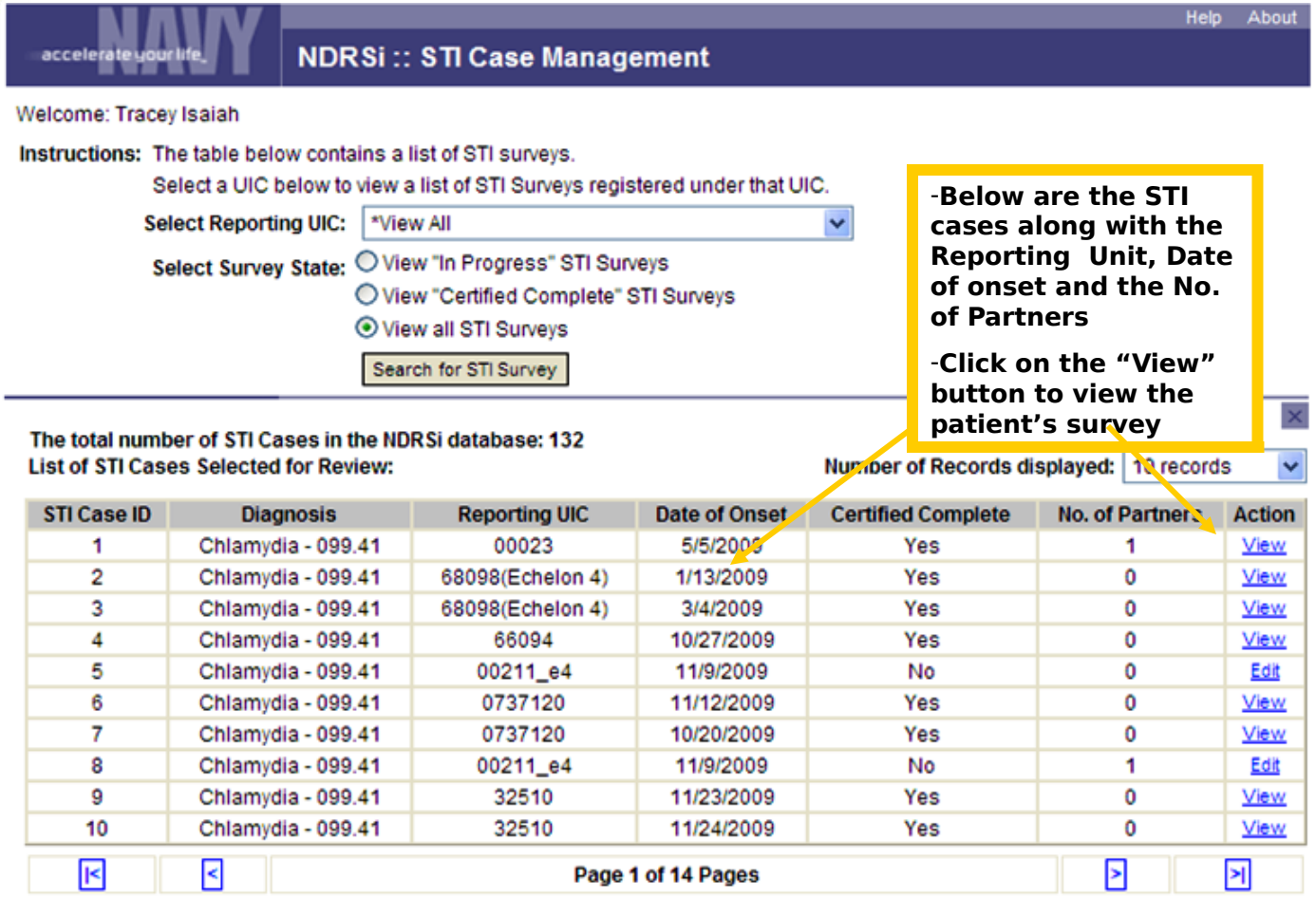
* Were there more than one partner

* Were the partner (s) notified

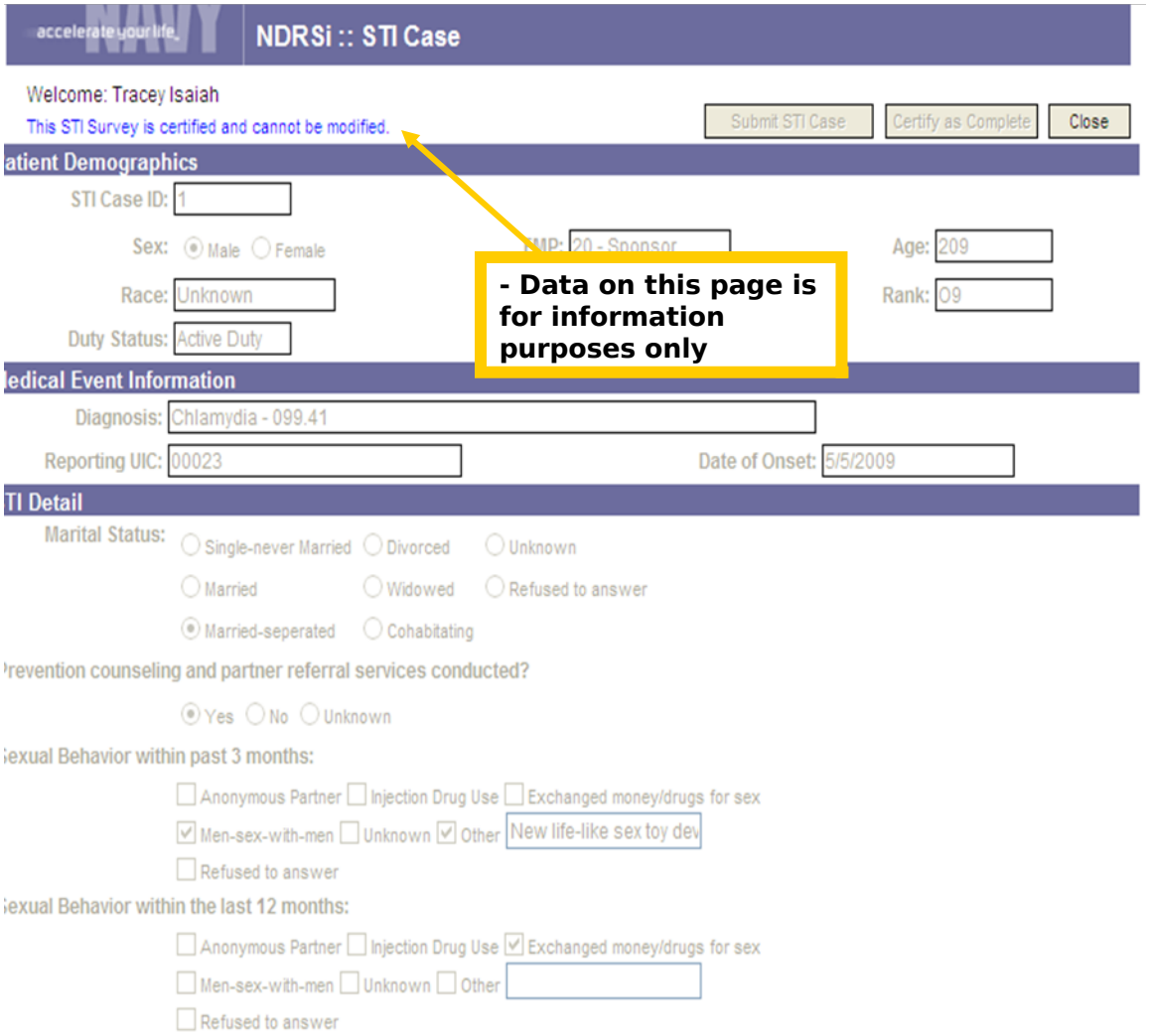
(STI) Module


Profile Help About Logout
accelerate your life.
NDRSi :: MER Recorder Main Page
Welcome: Tracey Isaiah
Instructions: To perform a MER Recorder task, click on the appropriate task link presented below.
Enter/Edit Medical Event Report(s) by SSN
Enter/Edit Medical Event Report(s) by Reporting Unit
Review Deleted Medical Event Report(s)
Review Case-Findings by Reporting Unit
Manage STI Case(s)
Manage Sponsor/FMP Profile(s)
Enter/Edit Outbreak Report(s)
Enter/Edit VAERS Case(s)
MER Case Graphing Report
Summary Reports
- Manage STI Cases Module

(STI) Module

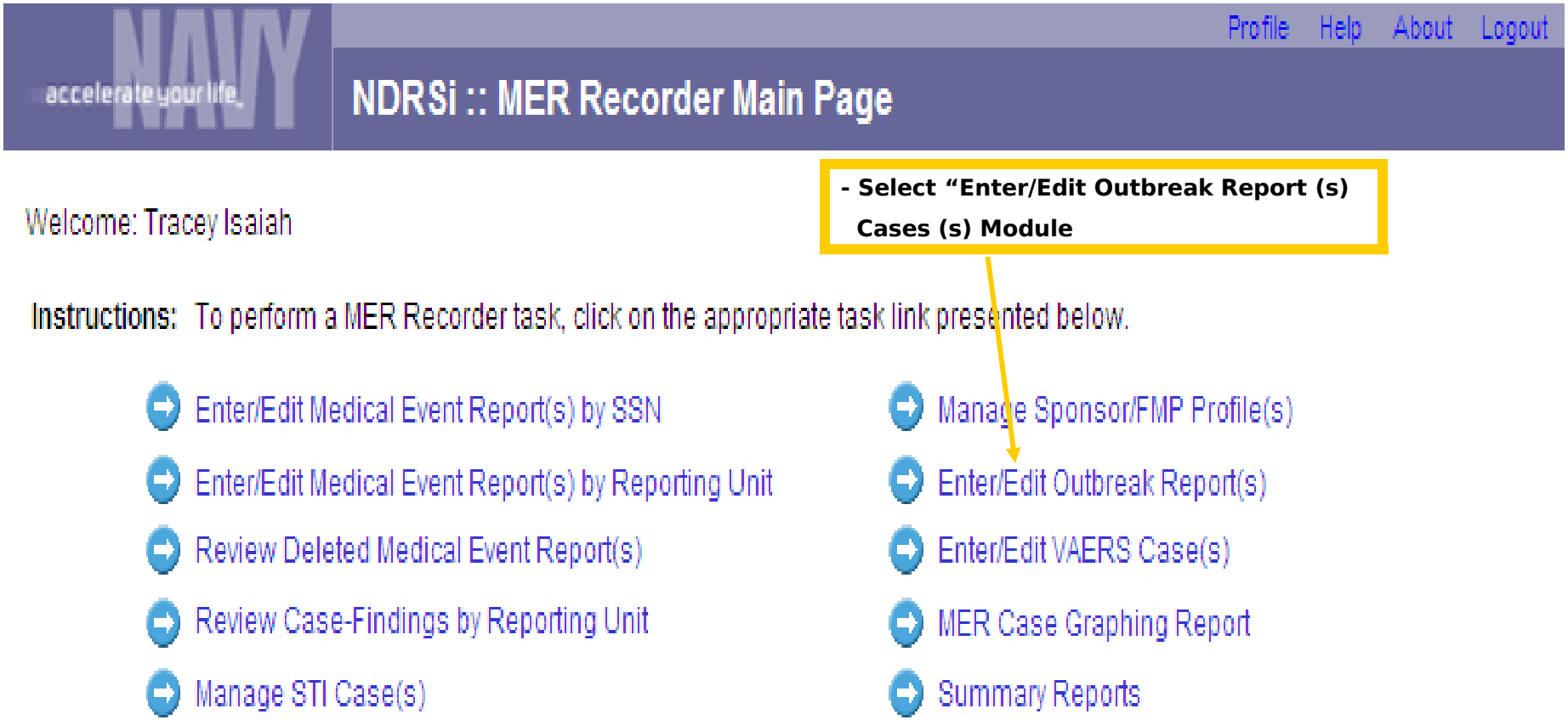

Help About
accelerate your life
NDRSi :: STI Case Management
Welcome: Tracey Isaiah
Instructions: The table below contains a list of STI surveys.
Select a UIC below to view a list of STI Surveys registered under that UIC.
Select Reporting UIC: *View All
Select Survey State:
View "In Progress" STI Surveys
View "Certified Complete" STI Surveys
View all STI Surveys
Search for STI Survey
-Below are the STI cases along with the Reporting Unit, Date of onset and the No. of Partners
-Click on the "View" button to view the patient's survey
The total number of STI Cases in the NDRSi database: 132
List of STI Cases Selected for Review:
Number of Records displayed: 10 records
STI Case ID | Diagnosis | Reporting UIC | Date of Onset | Certified Complete | No. of Partners | Action
1 | Chlamydia - 099.41 | 00023 | 5/5/2009 | Yes | 1 | View
2 | Chlamydia - 099.41 | 68098(Echelon 4) | 1/13/2009 | Yes | 0 | View
3 | Chlamydia - 099.41 | 68098(Echelon 4) | 3/4/2009 | Yes | 0 | View
4 | Chlamydia - 099.41 | 66094 | 10/27/2009 | Yes | 0 | View
5 | Chlamydia - 099.41 | 00211_e4 | 11/9/2009 | No | 0 | Edit
6 | Chlamydia - 099.41 | 0737120 | 11/12/2009 | Yes | 0 | View
7 | Chlamydia - 099.41 | 0737120 | 10/20/2009 | Yes | 0 | View
8 | Chlamydia - 099.41 | 00211_e4 | 11/9/2009 | No | 1 | Edit
9 | Chlamydia - 099.41 | 32510 | 11/23/2009 | Yes | 0 | View
10 | Chlamydia - 099.41 | 32510 | 11/24/2009 | Yes | 0 | View
Page 1 of 14 Pages

(STI) Module

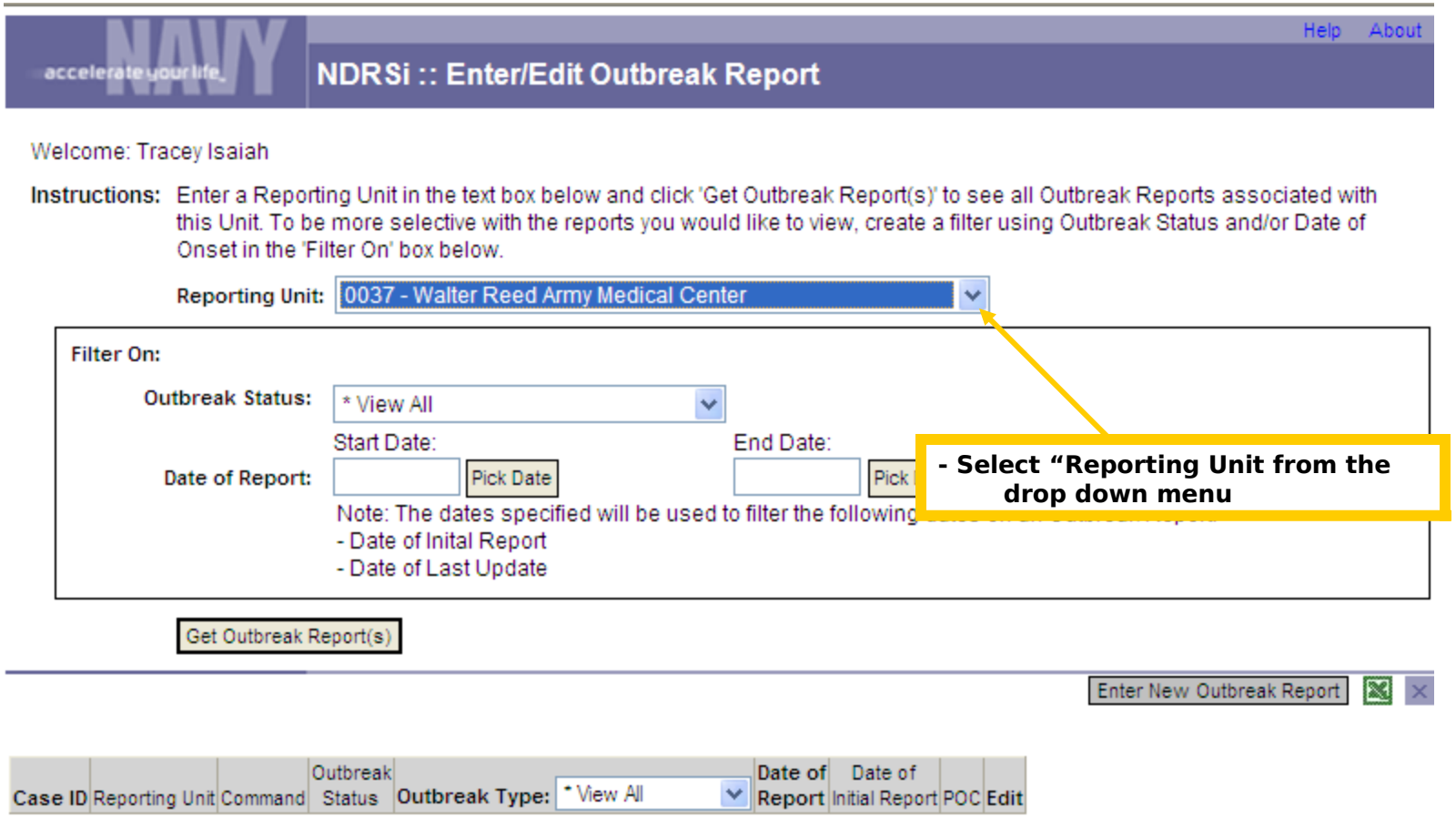

accelerate your life.
NDRSi :: STI Case
Welcome: Tracey Isaiah
This STI Survey is certified and cannot be modified.
Submit STI Case
Certify as Complete
Close
atient Demographics
STI Case ID: 1
Sex: Male Female
MP: 20 - Sponsor
Age: 209
Race: Unknown
Rank: O9
Duty Status: Active Duty
- Data on this page is for information purposes only
edical Event Information
Diagnosis: Chlamydia - 099.41
Reporting UIC: 00023
Date of Onset: 5/5/2009
TI Detail
Marital Status:
Single-never Married
Divorced
Unknown
Married
Widowed
Refused to answer
Married-seperated
Cohabitating
revention counseling and partner referral services conducted?
Yes
No
Unknown
exual Behavior within past 3 months:
Anonymous Partner
Injection Drug Use
Exchanged money/drugs for sex
Men-sex-with-men
Unknown
Other
New life-like sex toy dev
Refused to answer
exual Behavior within the last 12 months:
Anonymous Partner
Injection Drug Use
Exchanged money/drugs for sex
Men-sex-with-men
Unknown
Other
Refused to answer

OUTBREAK REPORTS

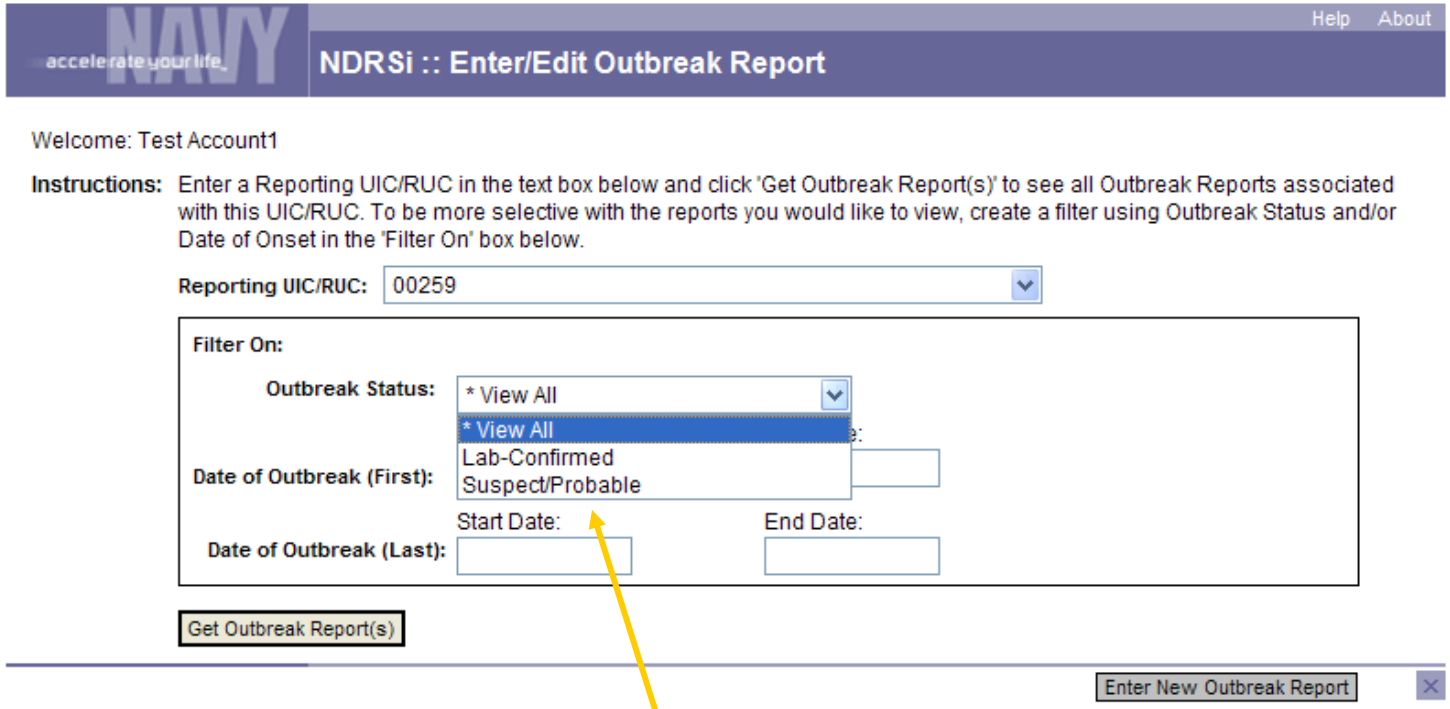
Outbreak Report (s)


Profile Help About Logout
accelerate your life.
NDRSi :: MER Recorder Main Page
- Select "Enter/Edit Outbreak Report (s) Cases (s) Module
Welcome: Tracey Isaiah
Instructions: To perform a MER Recorder task, click on the appropriate task link presented below.
Enter/Edit Medical Event Report(s) by SSN
Enter/Edit Medical Event Report(s) by Reporting Unit
Review Deleted Medical Event Report(s)
Review Case-Findings by Reporting Unit
Manage STI Case(s)
Manage Sponsor/FMP Profile(s)
Enter/Edit Outbreak Report(s)
Enter/Edit VAERS Case(s)
MER Case Graphing Report
Summary Reports

Outbreak Report (s)

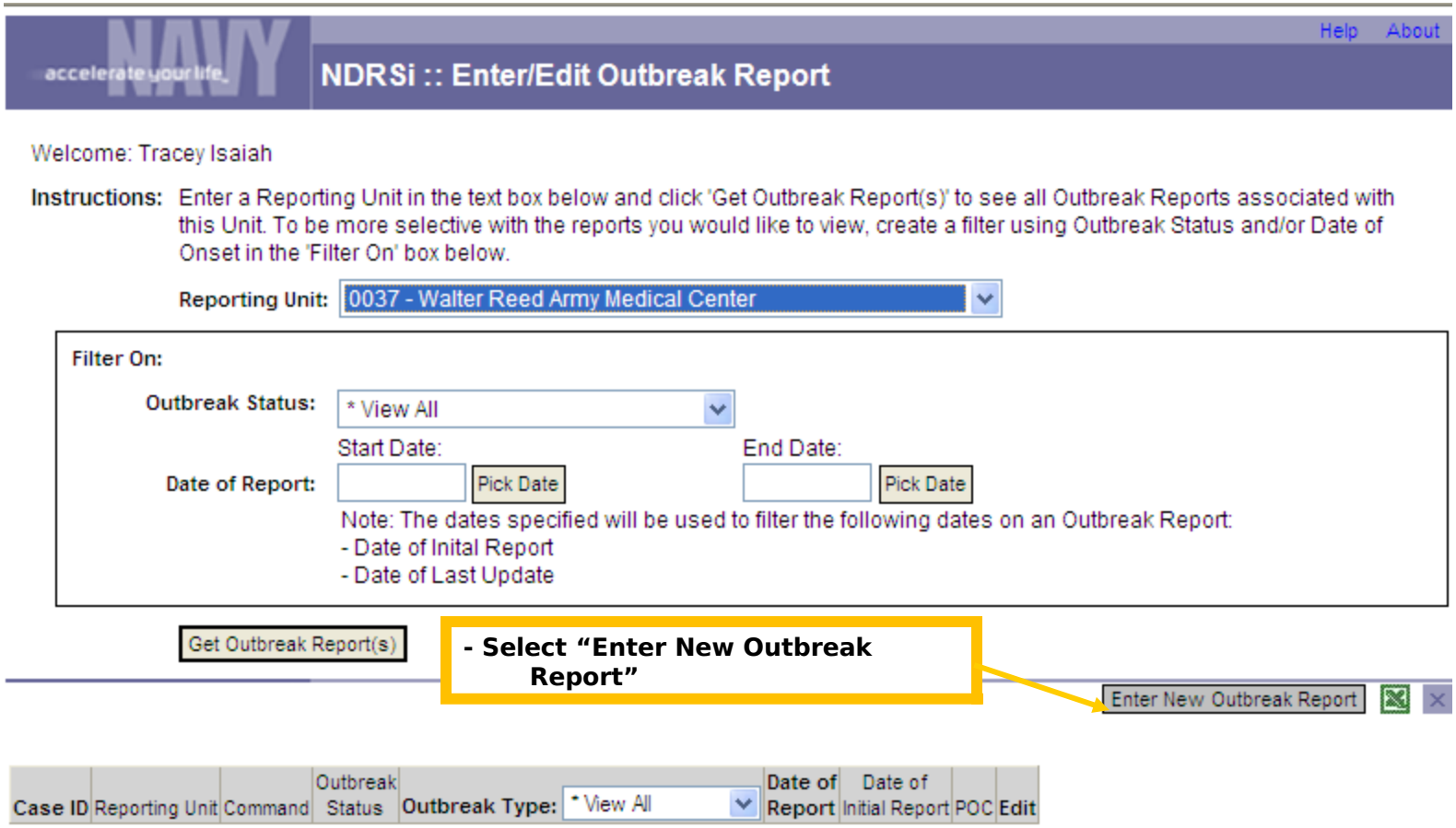

Help About
accelerate your life
NDRSi :: Enter/Edit Outbreak Report
Welcome: Tracey Isaiah
Instructions: Enter a Reporting Unit in the text box below and click 'Get Outbreak Report(s)' to see all Outbreak Reports associated with this Unit. To be more selective with the reports you would like to view, create a filter using Outbreak Status and/or Date of Onset in the 'Filter On' box below.
Reporting Unit: 0037 - Walter Reed Army Medical Center
Filter On:
Outbreak Status: * View All
Start Date:
End Date:
Date of Report:
Pick Date
Note: The dates specified will be used to filter the following
- Date of Inital Report
- Date of Last Update
Get Outbreak Report(s)
Enter New Outbreak Report
Case ID
Reporting Unit
Command
Outbreak Status
Outbreak Type: * View All
Date of Report
Date of Initial Report
POC
Edit
- Select "Reporting Unit from the drop down menu

Outbreak Report (s)

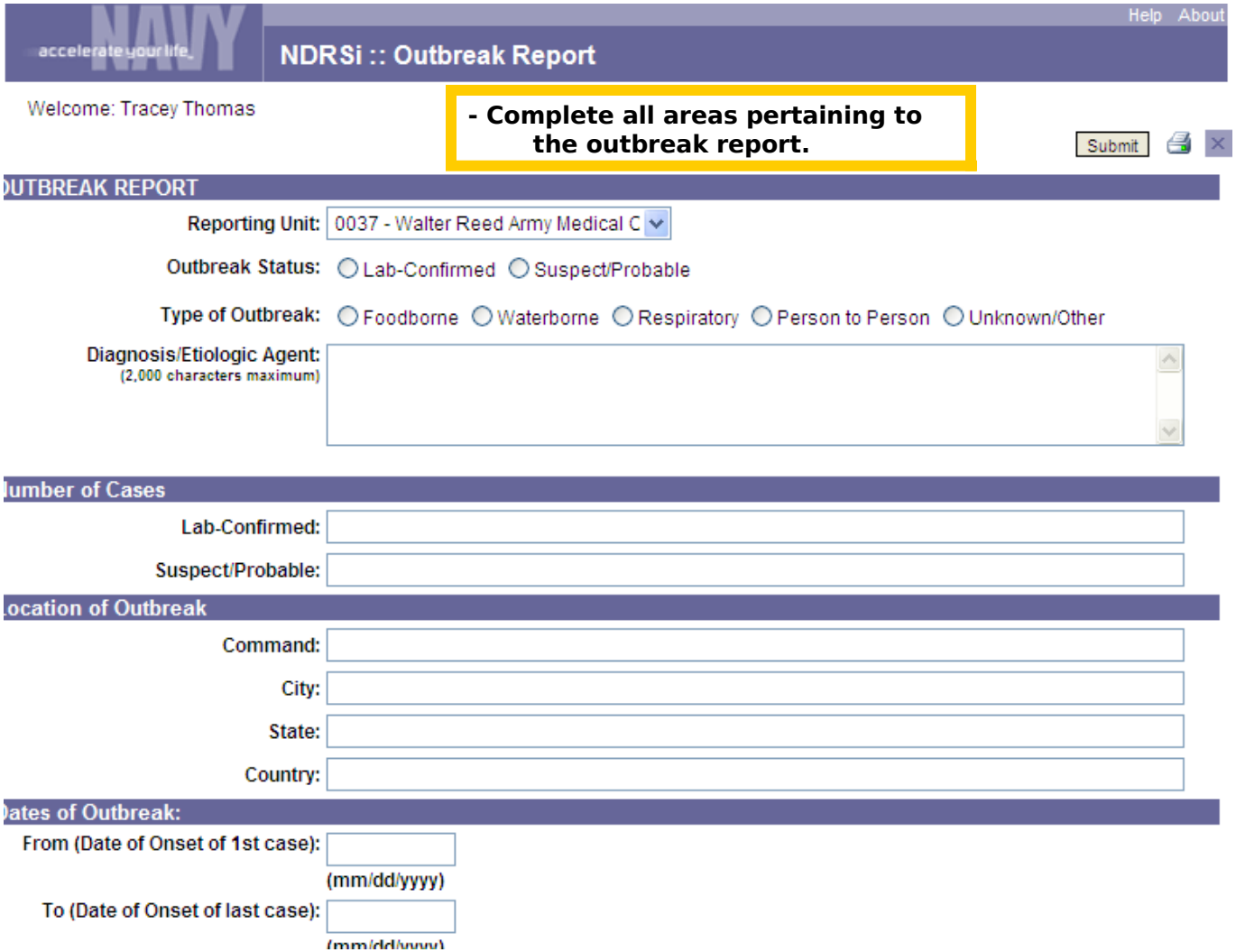

Help About
accelerate your life.
NDRSi :: Enter/Edit Outbreak Report
Welcome: Test Account1
Instructions: Enter a Reporting UIC/RUC in the text box below and click 'Get Outbreak Report(s)' to see all Outbreak Reports associated with this UIC/RUC. To be more selective with the reports you would like to view, create a filter using Outbreak Status and/or Date of Onset in the 'Filter On' box below.
Reporting UIC/RUC: 00259
Filter On:
Outbreak Status: * View All
* View All
Lab-Confirmed
Suspect/Probable
Date of Outbreak (First):
Start Date:
End Date:
Date of Outbreak (Last):
Get Outbreak Report(s)
Enter New Outbreak Report

- Select what type of information you want to view from drop down menu

Outbreak Report (s)


Help About
accelerate your life
NDRSi :: Enter/Edit Outbreak Report
Welcome: Tracey Isaiah
Instructions: Enter a Reporting Unit in the text box below and click 'Get Outbreak Report(s)' to see all Outbreak Reports associated with this Unit. To be more selective with the reports you would like to view, create a filter using Outbreak Status and/or Date of Onset in the 'Filter On' box below.
Reporting Unit: 0037 - Walter Reed Army Medical Center
Filter On:
Outbreak Status: * View All
Start Date:
End Date:
Date of Report:
Pick Date
Pick Date
Note: The dates specified will be used to filter the following dates on an Outbreak Report:
- Date of Inital Report
- Date of Last Update
Get Outbreak Report(s)
- Select "Enter New Outbreak Report"
Enter New Outbreak Report
Case ID
Reporting Unit
Command
Outbreak Status
Outbreak Type: * View All
Date of Report
Date of Initial Report
POC
Edit

Outbreak Report (s)



Outbreak Report (s)

Dates of Outbreak:

From (Date of Onset of 1st case): (mm/dd/yyyy)

To (Date of Onset of last case): (mm/dd/yyyy)

Final Report: ◯ Yes ◯ No

- This gives you an idea of what type of questions are on the report.

Case Narrative

1. Case Definition with specific symptoms/signs; (i.e. fever greater than 100.0 F, laboratory confirmed, vomiting, etc.):
(2,000 characters maximum)

2. Laboratory test description (indicate specimen tested and whether patient, food or water):
(2,000 characters maximum)

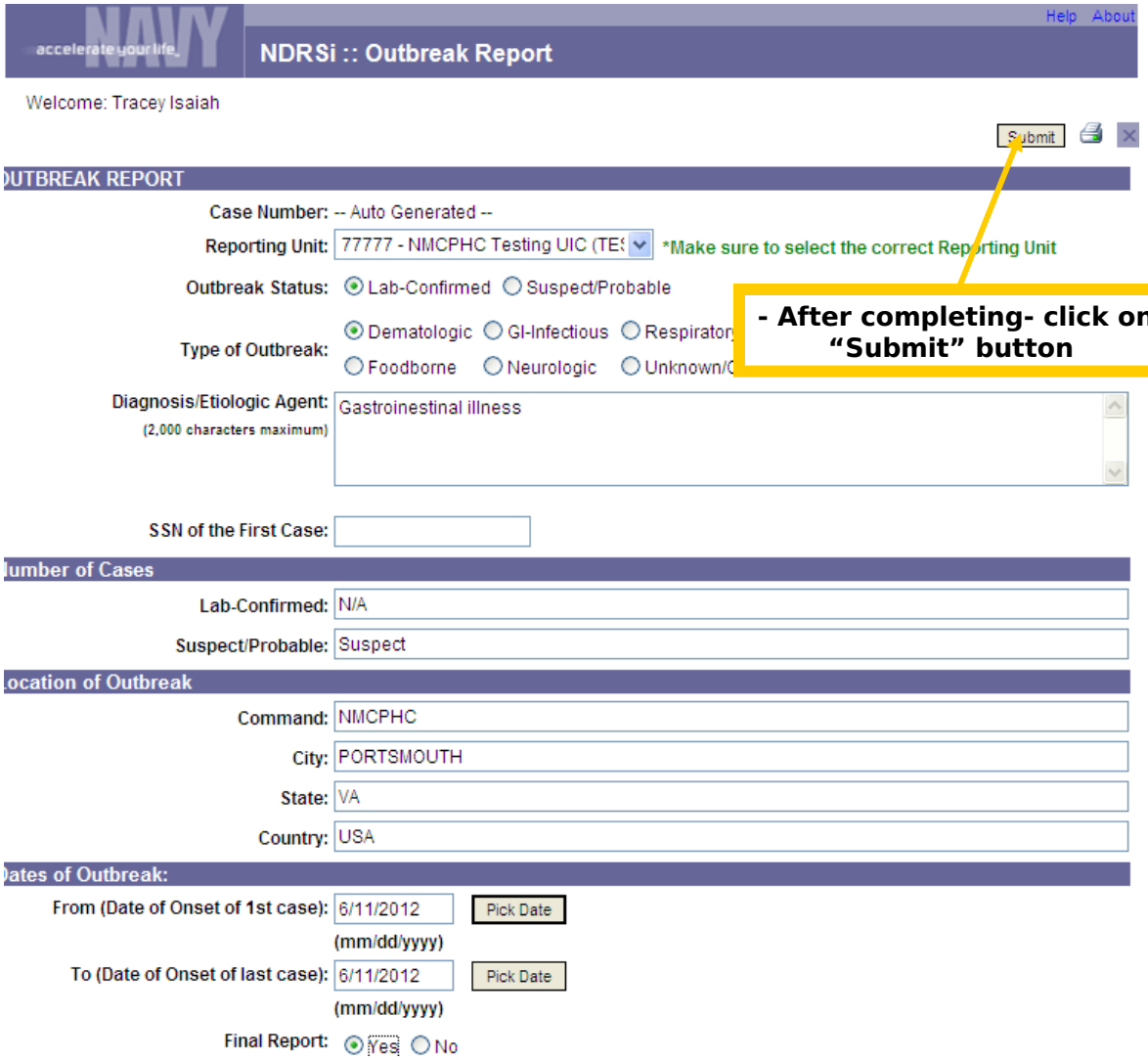
3. Investigation description (include specific questions asked/surveys/travel history, diet, animals, insects, berthing, work pace, water sources, food preparation areas, waste disposal, social contacts, deployments, shore activities/sexual contacts, exposure to local populations):
(2,000 characters maximum)

4. Preventive measures taken: (list specific options: galleys closed, immunization or medications given, handwashing implemented, berthing spaces cleaned, DEET or permethrin applied, extermination of pests, isolation of cases, etc.)
(2,000 characters maximum)

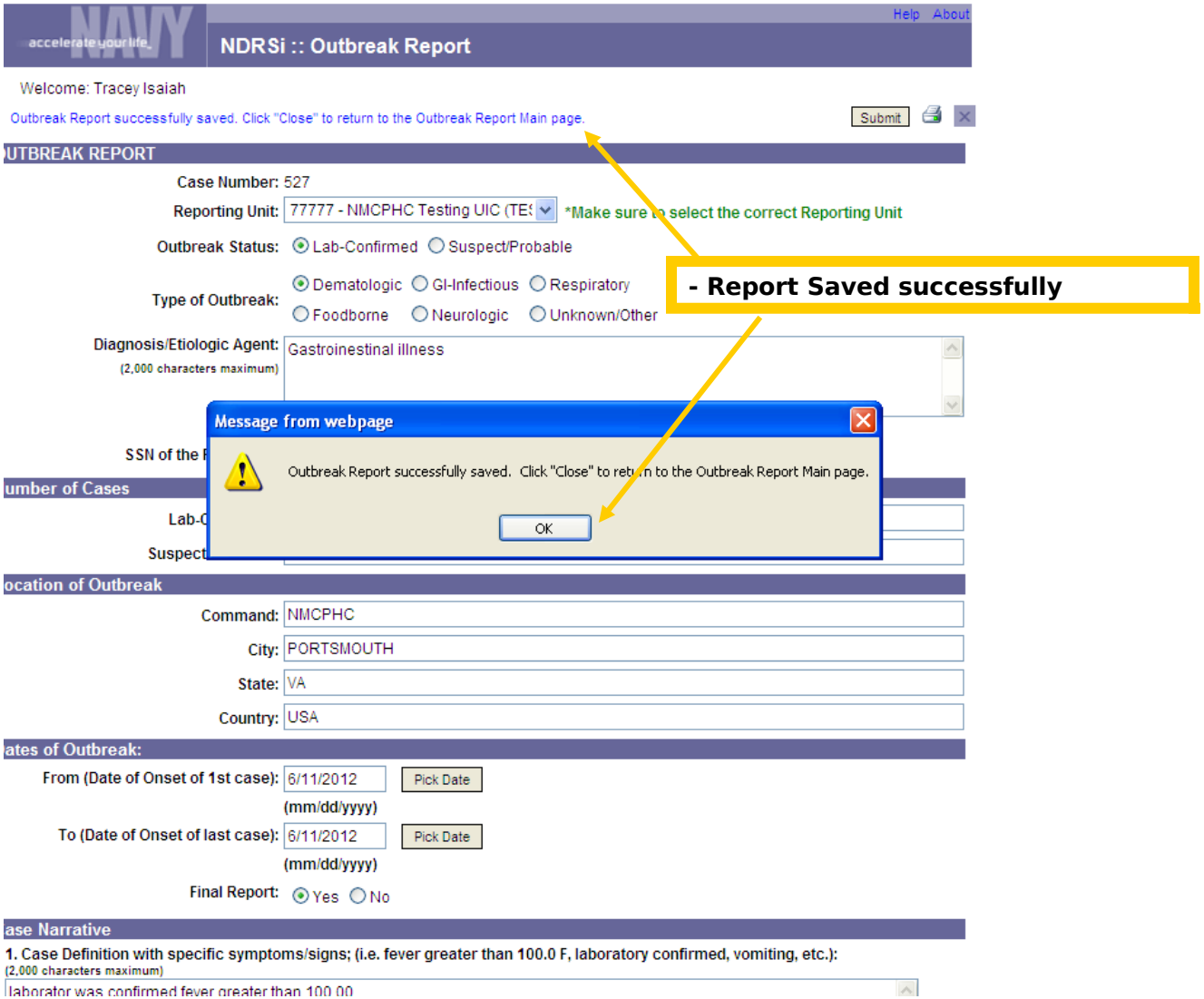
5. Lessons learned:
(2,000 characters maximum)

6. Follow-up:
(2,000 characters maximum)

Outbreak Report (s)

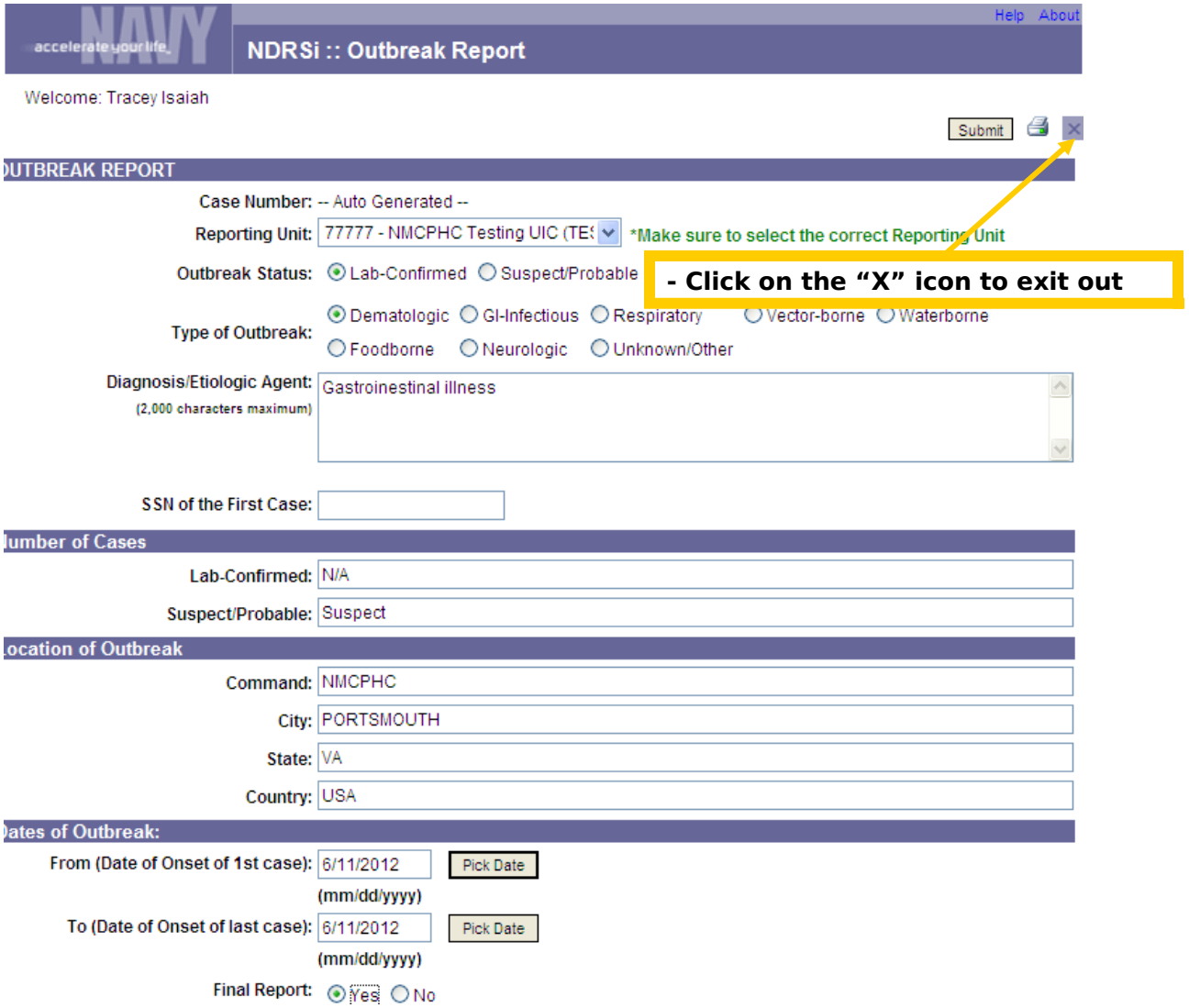


Outbreak Report (s)

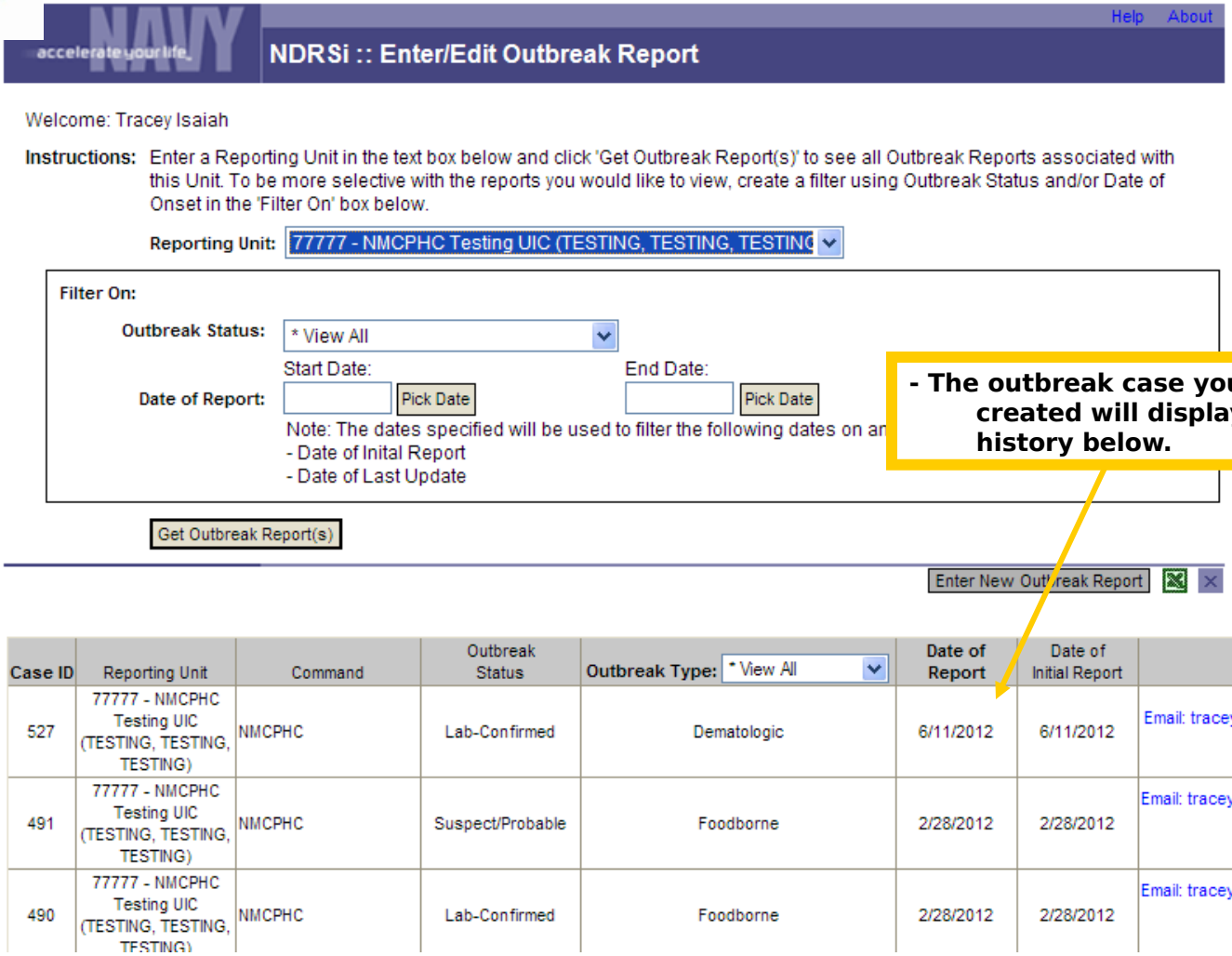

Help About
accelerate your life.
NDRSi :: Outbreak Report
Welcome: Tracey Isaiah
Outbreak Report successfully saved. Click "Close" to return to the Outbreak Report Main page.
Submit
UTBREAK REPORT
Case Number: 527
Reporting Unit: 77777 - NMCPHC Testing UIC (TES
*Make sure to select the correct Reporting Unit
Outbreak Status: Lab-Confirmed Suspect/Probable
Type of Outbreak: Dematologic GI-Infectious Respiratory
Foodborne Neurologic Unknown/Other
Diagnosis/Etiologic Agent: (2,000 characters maximum)
Gastroinestinal illness
SSN of the P
umber of Cases
Lab-C
Suspect
Message from webpage
Outbreak Report successfully saved. Click "Close" to return to the Outbreak Report Main page.
OK
ocation of Outbreak
Command: NMCPHC
City: PORTSMOUTH
State: VA
Country: USA
ates of Outbreak:
From (Date of Onset of 1st case): 6/11/2012 Pick Date
(mm/dd/yyyy)
To (Date of Onset of last case): 6/11/2012 Pick Date
(mm/dd/yyyy)
Final Report: Yes No
ase Narrative
1. Case Definition with specific symptoms/signs; (i.e. fever greater than 100.0 F, laboratory confirmed, vomiting, etc.):
(2,000 characters maximum)
laborator was confirmed fever greater than 100.00

- Report Saved successfully

Outbreak Report (s)


Help About
accelerate your life
NDRSi :: Outbreak Report
Welcome: Tracey Isaiah
Submit
UTBREAK REPORT
Case Number: -- Auto Generated --
Reporting Unit: 77777 - NMCPHC Testing UIC (TE
*Make sure to select the correct Reporting Unit
Outbreak Status: Lab-Confirmed Suspect/Probable
- Click on the "X" icon to exit out
Type of Outbreak: Dematologic GI-Infectious Respiratory Vector-borne Waterborne Foodborne Neurologic Unknown/Other
Diagnosis/Etiologic Agent: (2,000 characters maximum)
Gastroinestinal illness
SSN of the First Case:
umber of Cases
Lab-Confirmed: N/A
Suspect/Probable: Suspect
ocation of Outbreak
Command: NMCPHC
City: PORTSMOUTH
State: VA
Country: USA
ates of Outbreak:
From (Date of Onset of 1st case): 6/11/2012 Pick Date
(mm/dd/yyyy)
To (Date of Onset of last case): 6/11/2012 Pick Date
(mm/dd/yyyy)
Final Report: Yes No

Outbreak Report (s)


Help About
accelerate your life.
NDRSi :: Enter/Edit Outbreak Report
Welcome: Tracey Isaiah
Instructions: Enter a Reporting Unit in the text box below and click 'Get Outbreak Report(s)' to see all Outbreak Reports associated with this Unit. To be more selective with the reports you would like to view, create a filter using Outbreak Status and/or Date of Onset in the 'Filter On' box below.
Reporting Unit: 77777 - NMCPHC Testing UIC (TESTING, TESTING, TESTING
Filter On:
Outbreak Status: * View All
Start Date:
End Date:
Date of Report:
Pick Date
Pick Date
Note: The dates specified will be used to filter the following dates on ar
- Date of Inital Report
- Date of Last Update
Get Outbreak Report(s)
Enter New Outbreak Report
- The outbreak case you just created will display in the history below.

Case ID	Reporting Unit	Command	Outbreak Status	Outbreak Type: * View All	Date of Report	Date of Initial Report	POC	Edit
527	77777 - NMCPHC Testing UIC (TESTING, TESTING, TESTING)	NMCPHC	Lab-Confirmed	Dematologic	6/11/2012	6/11/2012	Email: tracey.isaiah@med.navy. mil	
491	77777 - NMCPHC Testing UIC (TESTING, TESTING, TESTING)	NMCPHC	Suspect/Probable	Foodborne	2/28/2012	2/28/2012	Email: tracey.thomas@med.navy.mil	
490	77777 - NMCPHC Testing UIC (TESTING, TESTING, TESTING)	NMCPHC	Lab-Confirmed	Foodborne	2/28/2012	2/28/2012	Email: tracey.thomas@med.navy.mil	

Vaccine Adverse Event Reporting System (VAERS)

VAERS

- It's a safety surveillance program which collects information about adverse events/side effects after vaccines have been given to patients.

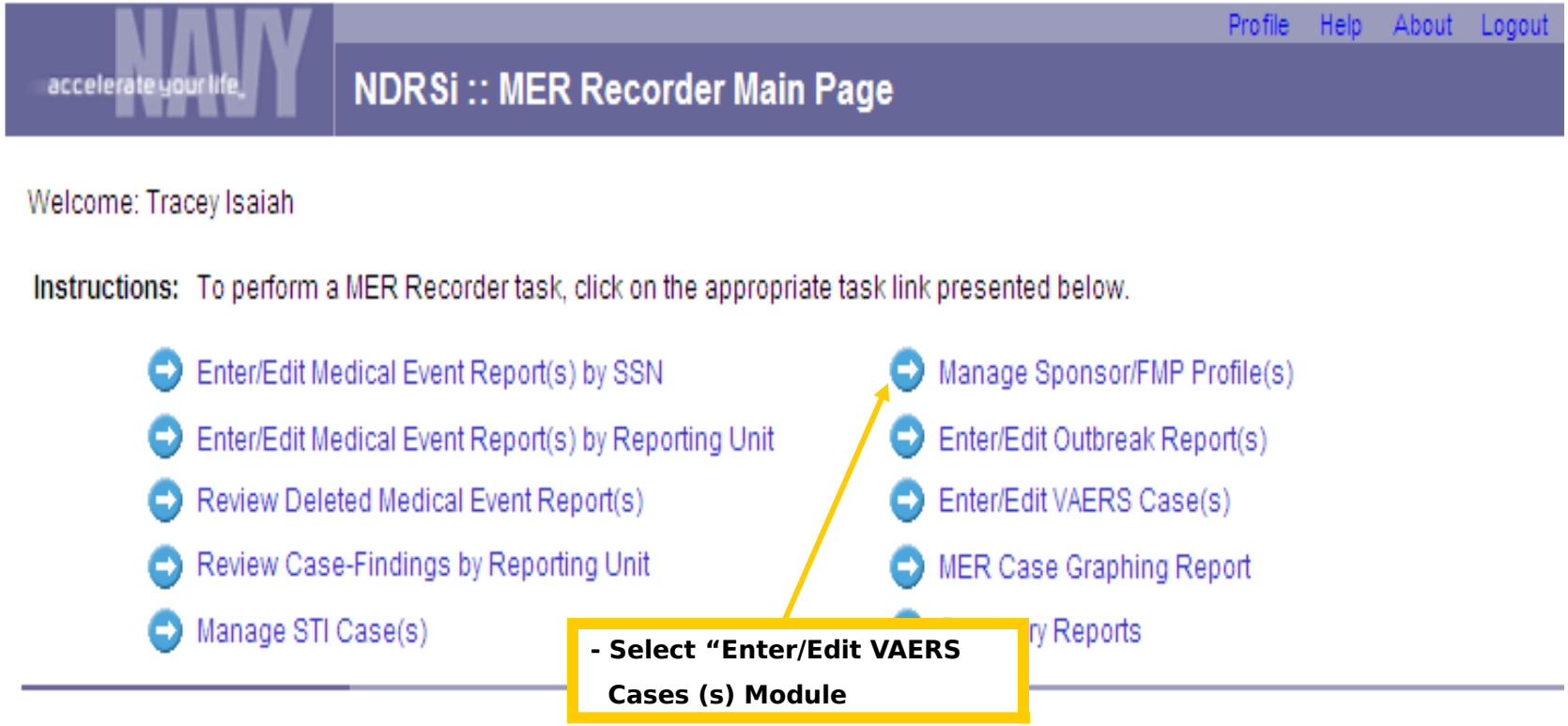
- It's a way to provide information to health care providers concerning vaccine safety

- A national program that's co-sponsored by:

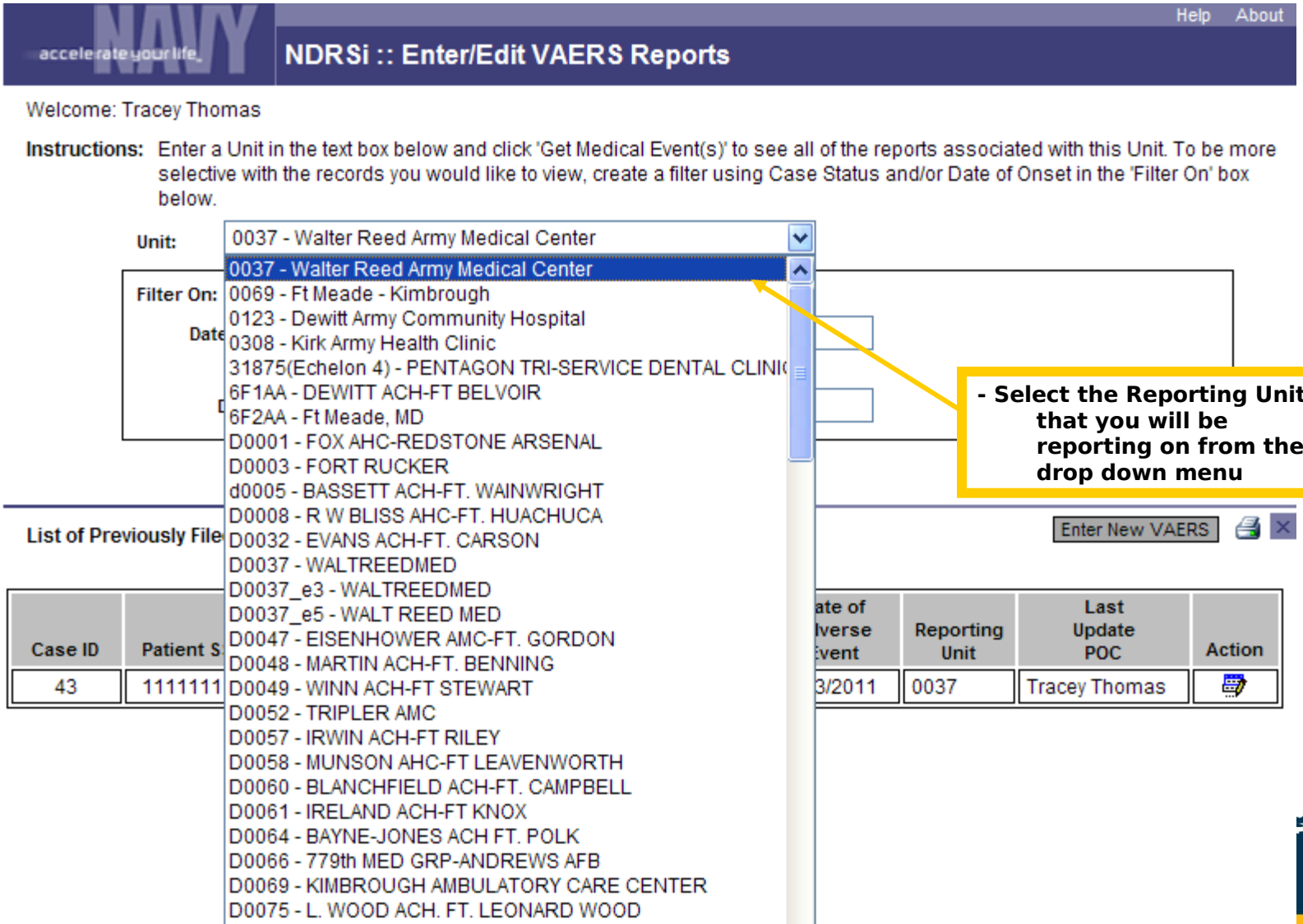
***Centers for Disease Control and Prevention (CDC)**

***Food and Drug Administration (FDA)**

VAERS


Profile Help About Logout
accelerate your life.
NDRSi :: MER Recorder Main Page
Welcome: Tracey Isaiah
Instructions: To perform a MER Recorder task, click on the appropriate task link presented below.
Enter/Edit Medical Event Report(s) by SSN
Enter/Edit Medical Event Report(s) by Reporting Unit
Review Deleted Medical Event Report(s)
Review Case-Findings by Reporting Unit
Manage STI Case(s)
Manage Sponsor/FMP Profile(s)
Enter/Edit Outbreak Report(s)
Enter/Edit VAERS Case(s)
MER Case Graphing Report
- Select “Enter/Edit VAERS Cases (s) Module

VAERS


Help About
accelerate your life_
NDRSi :: Enter/Edit VAERS Reports
Welcome: Tracey Thomas
Instructions: Enter a Unit in the text box below and click 'Get Medical Event(s)' to see all of the reports associated with this Unit. To be more selective with the records you would like to view, create a filter using Case Status and/or Date of Onset in the 'Filter On' box below.
Unit:
0037 - Walter Reed Army Medical Center
Filter On:
Date
0037 - Walter Reed Army Medical Center
0069 - Ft Meade - Kimbrough
0123 - Dewitt Army Community Hospital
0308 - Kirk Army Health Clinic
31875(Echelon 4) - PENTAGON TRI-SERVICE DENTAL CLINI
6F1AA - DEWITT ACH-FT BELVOIR
6F2AA - Ft Meade, MD
D0001 - FOX AHC-REDSTONE ARSENAL
D0003 - FORT RUCKER
d0005 - BASSETT ACH-FT. WAINWRIGHT
D0008 - R W BLISS AHC-FT. HUACHUCA
D0032 - EVANS ACH-FT. CARSON
D0037 - WALTREEDMED
D0037_e3 - WALTREEDMED
D0037_e5 - WALT REED MED
D0047 - EISENHOWER AMC-FT. GORDON
D0048 - MARTIN ACH-FT. BENNING
D0049 - WINN ACH-FT STEWART
D0052 - TRIPLER AMC
D0057 - IRWIN ACH-FT RILEY
D0058 - MUNSON AHC-FT LEAVENWORTH
D0060 - BLANCHFIELD ACH-FT. CAMPBELL
D0061 - IRELAND ACH-FT KNOX
D0064 - BAYNE-JONES ACH FT. POLK
D0066 - 779th MED GRP-ANDREWS AFB
D0069 - KIMBROUGH AMBULATORY CARE CENTER
D0075 - L. WOOD ACH. FT. LEONARD WOOD
- Select the Reporting Unit that you will be reporting on from the drop down menu
List of Previously File
Enter New VAERS
Case ID
Patient S
ate of
lverse
vent
Reporting Unit
Last Update POC
Action
43
1111111
3/2011
0037
Tracey Thomas

VAERS

Help About

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NDRSi :: Enter/Edit VAERS Reports

Welcome: Tracey Isaiah

Instructions: To locate a VAERS Report, begin by selecting a Reporting Unit then clicking on the "Get VAERS Report(s)" button below.
Enter additional date filters to narrow the search results.
Once a desired VAERS Report has been located, click the "Edit" button to edit and/or review the report.

Reporting Unit: 77777 - NMCPHC Testing UIC (TESTING, TESTING, TESTING

Filter On:

		Start Date:		End Date:
Date of Adverse Event:	Pick Date		Pick Date	
Date of Vaccination:	Pick Date		Pick Date	

Get VAERS Report(s)

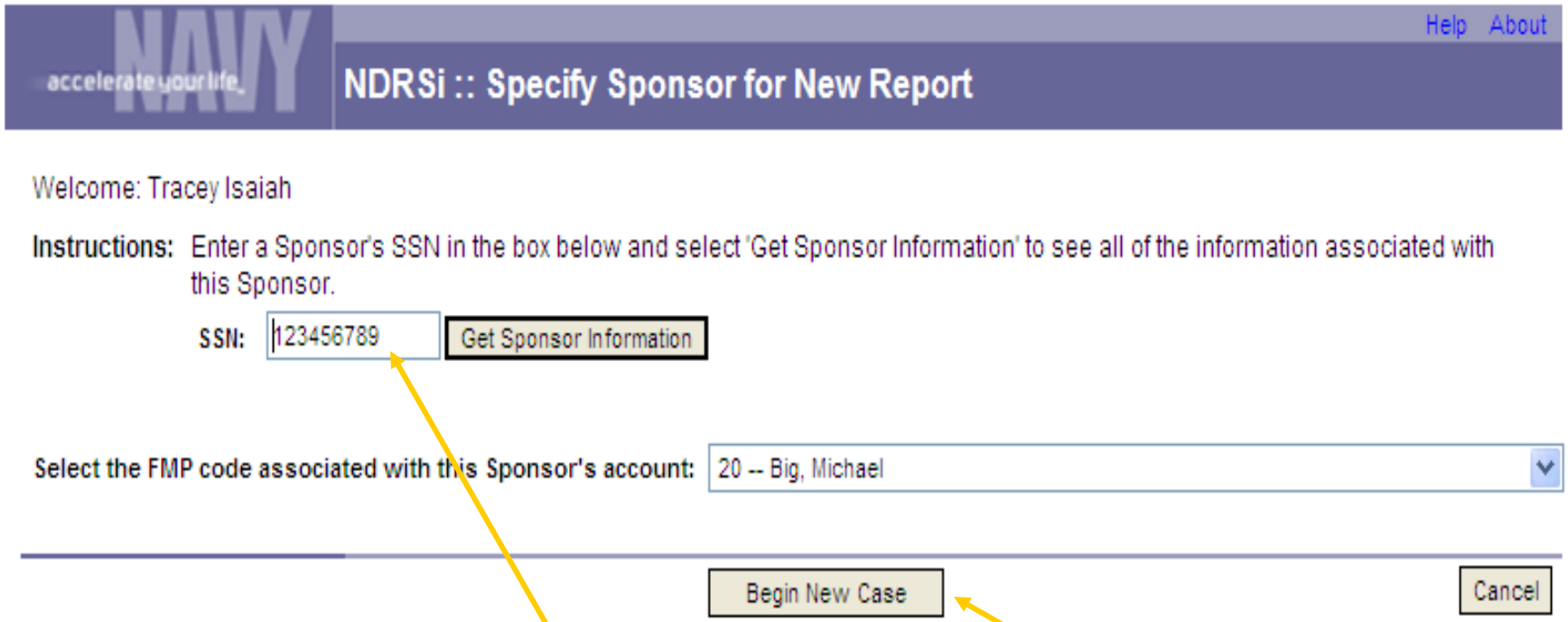
List of Previously Filed Vaccine Adverse Event Report(s) for this Unit:

Enter New VAERS

- Select "Enter New VAERS"

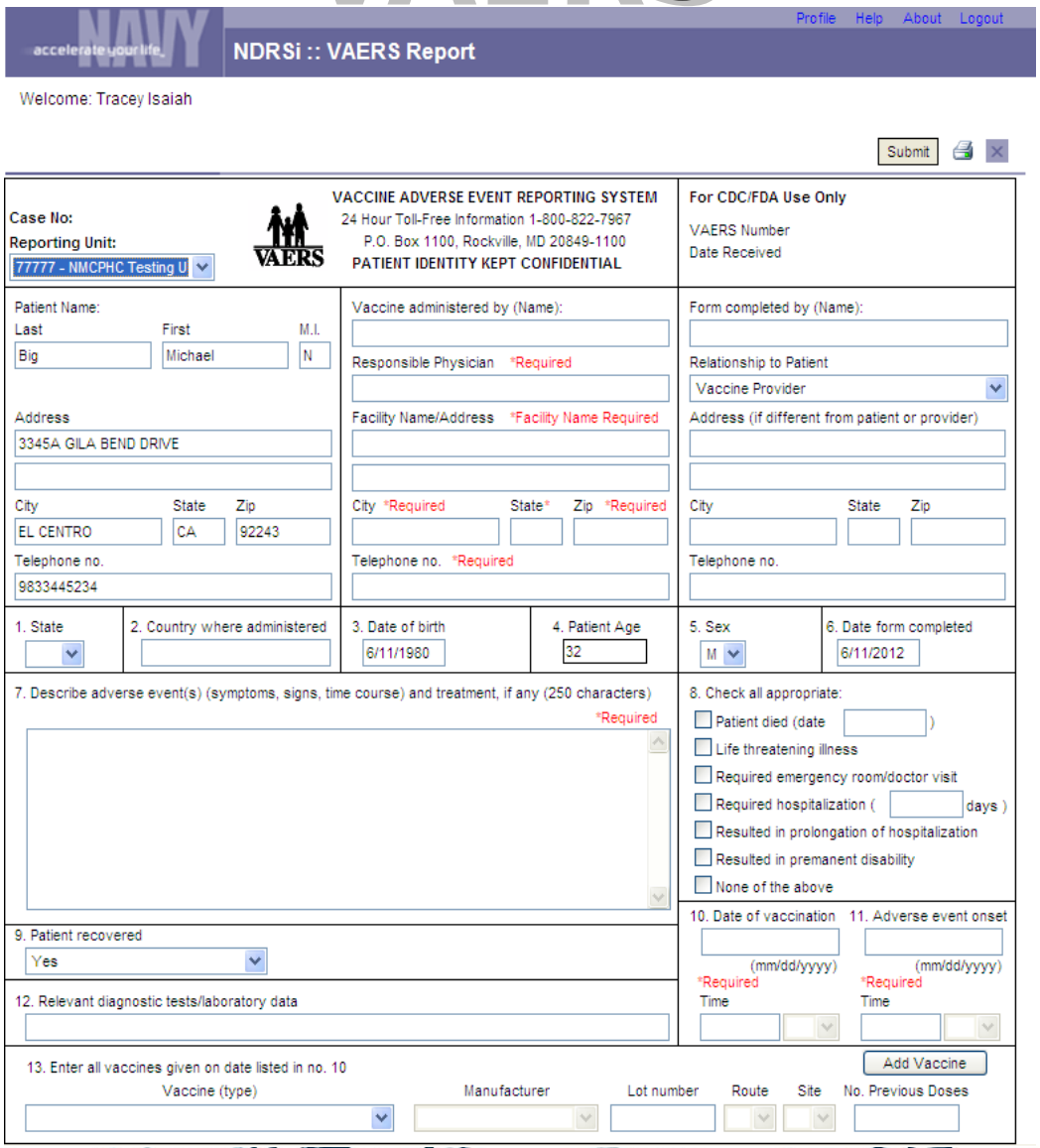
Case ID	Patient SSN	FMP	Facility Name	Date of Vaccination	Date of Adverse Event	Reporting Unit	Last Update POC	Action
81	741852963	20 - Sponsor	TEST TEST	12/12/2010	12/12/201			
69	111111111	20 - Sponsor	NMCPHC	9/6/2011	9/6/2011	77777	Tracey Thomas	
70	111111111	20 - Sponsor	NMCPHC	9/15/2011	9/15/2011	77777	Tracey Thomas	
73	111111111	20 - Sponsor	NMCPHC	10/3/2011	10/4/2011	77777	Tracey Thomas	
76	111111111	20 - Sponsor	NMCPHC	10/4/2011	10/4/2011	77777	Tracey Thomas	
74	111111111	20 - Sponsor	NMCPHC	10/4/2011	10/4/2011	77777	Tracey Thomas	

VAERS


accelerate your life.
Help About
NDRSi :: Specify Sponsor for New Report
Welcome: Tracey Isaiah
Instructions: Enter a Sponsor's SSN in the box below and select 'Get Sponsor Information' to see all of the information associated with this Sponsor.
SSN: 123456789
Get Sponsor Information
Select the FMP code associated with this Sponsor's account:
20 -- Big, Michael
Begin New Case
Cancel

- **Enter patient's SSN; their name will populate in the drop down. If not, you need to register the patient in DRSi.**
- **Select the "Begin New Case" button**

VAERS



Profile Help About Logout

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NDRSi :: VAERS Report

Welcome: Tracey Isaiah

Submit

Case No:

Reporting Unit: 77777 - NMCPHC Testing U

VAERS

VACCINE ADVERSE EVENT REPORTING SYSTEM
24 Hour Toll-Free Information 1-800-822-7967
P.O. Box 1100, Rockville, MD 20849-1100
PATIENT IDENTITY KEPT CONFIDENTIAL

For CDC/FDA Use Only
VAERS Number
Date Received

Patient Name:
Last: Big | First: Michael | M.I.: N

Address: 3345A GILA BEND DRIVE

City: EL CENTRO | State: CA | Zip: 92243

Telephone no.: 9833445234

Vaccine administered by (Name):

Responsible Physician *Required

Facility Name/Address *Facility Name Required

City *Required | State* | Zip *Required

Telephone no. *Required

Form completed by (Name):

Relationship to Patient: Vaccine Provider

Address (if different from patient or provider)

City | State | Zip

Telephone no.

1. State	2. Country where administered	3. Date of birth	4. Patient Age	5. Sex	6. Date form completed
		6/11/1980	32	M	6/11/2012

7. Describe adverse event(s) (symptoms, signs, time course) and treatment, if any (250 characters)
*Required

8. Check all appropriate:
- ☐ Patient died (date)
- ☐ Life threatening illness
- ☐ Required emergency room/doctor visit
- ☐ Required hospitalization (days)
- ☐ Resulted in prolongation of hospitalization
- ☐ Resulted in premanent disability
- ☐ None of the above

9. Patient recovered: Yes

10. Date of vaccination (mm/dd/yyyy) *Required Time

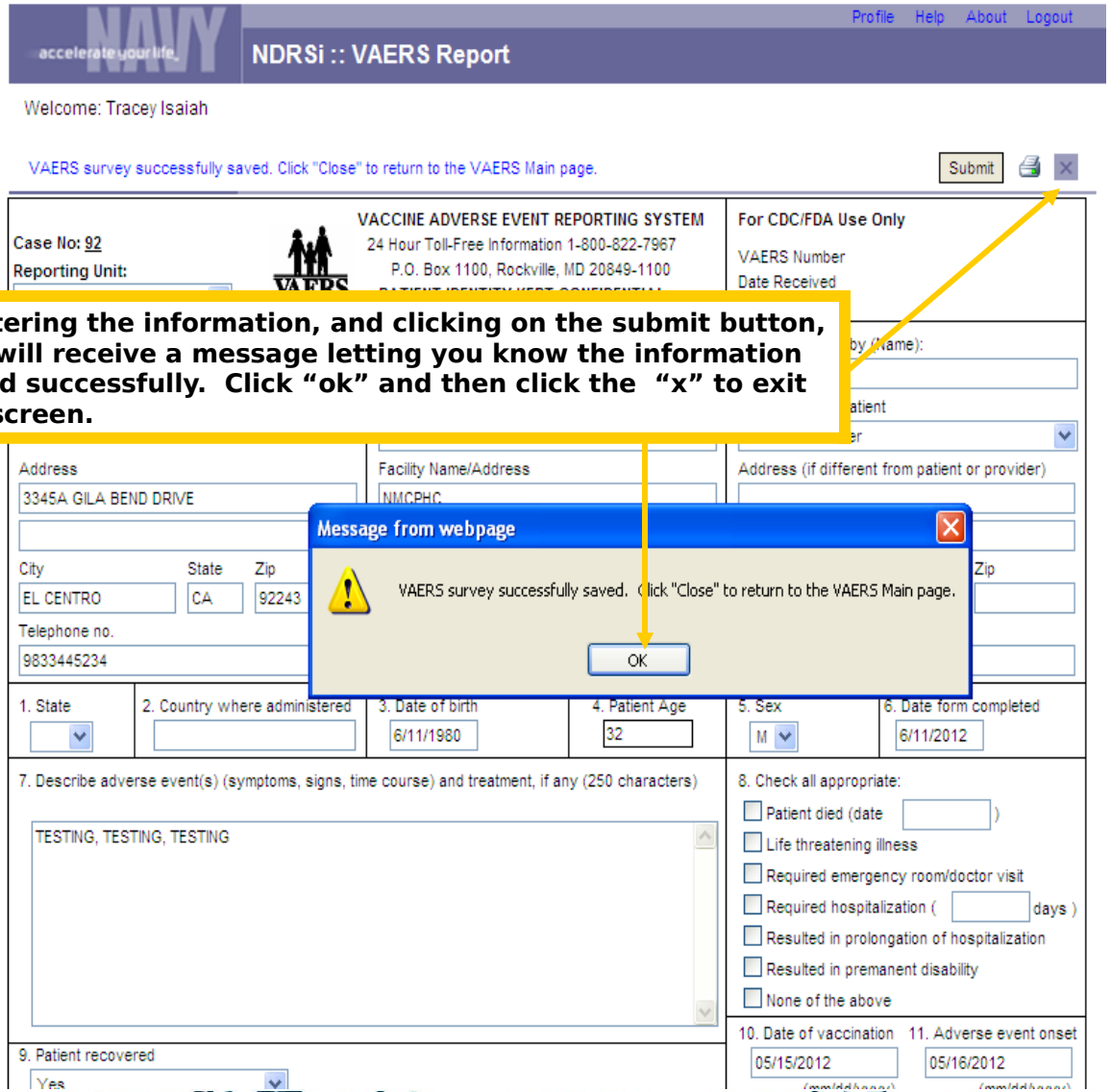
11. Adverse event onset (mm/dd/yyyy) *Required Time

12. Relevant diagnostic tests/laboratory data

13. Enter all vaccines given on date listed in no. 10 — Add Vaccine

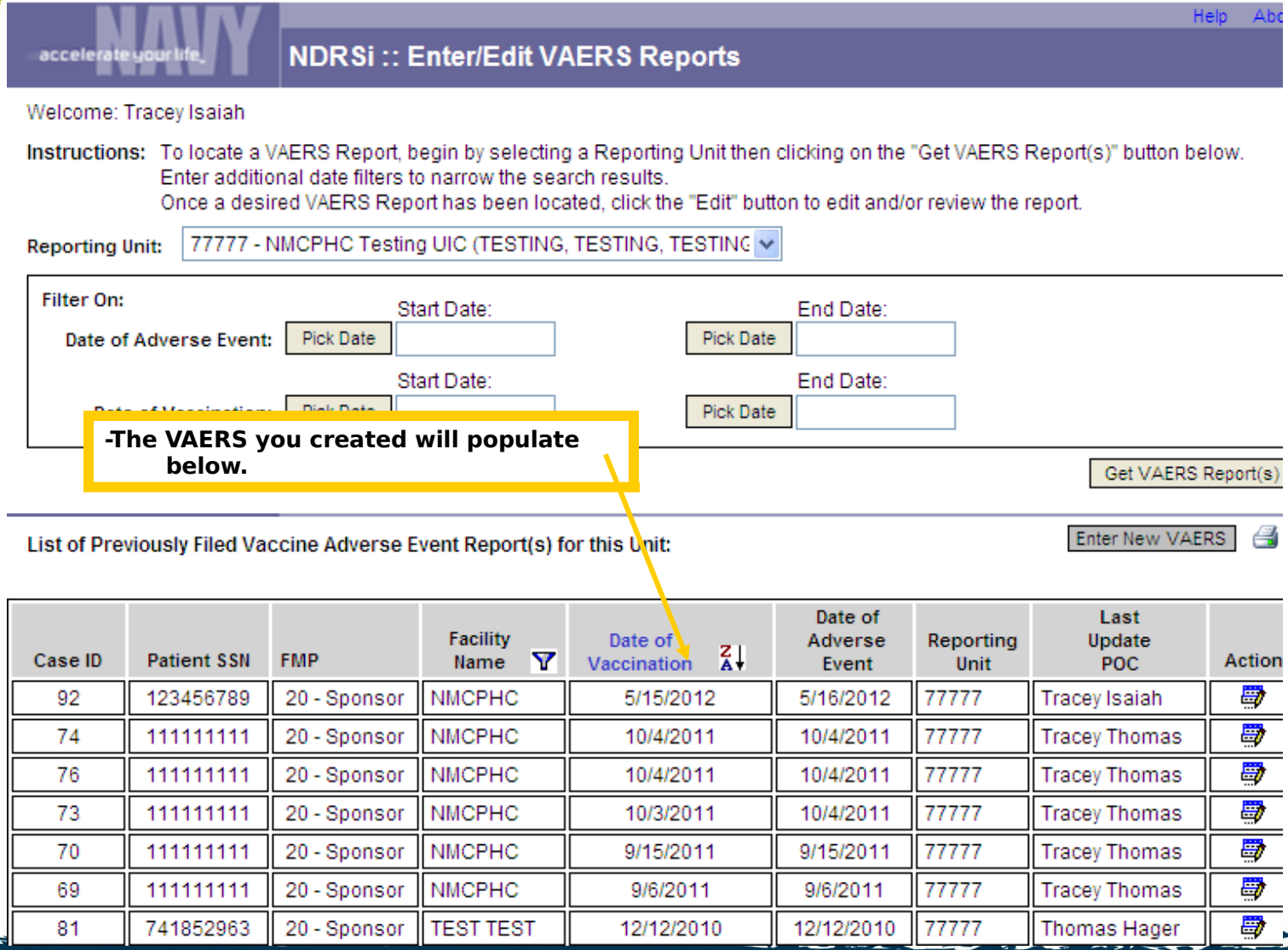
Vaccine (type)	Manufacturer	Lot number	Route	Site	No. Previous Doses

VAERS



-After entering the information, and clicking on the submit button, you will receive a message letting you know the information saved successfully. Click “ok” and then click the “x” to exit the screen.

VAERS


Help
accelerate your life
NDRSi :: Enter/Edit VAERS Reports
Welcome: Tracey Isaiah
Instructions: To locate a VAERS Report, begin by selecting a Reporting Unit then clicking on the "Get VAERS Report(s)" button below.
Enter additional date filters to narrow the search results.
Once a desired VAERS Report has been located, click the "Edit" button to edit and/or review the report.
Reporting Unit:
77777 - NMCPHC Testing UIC (TESTING, TESTING, TESTING
Filter On:
Date of Adverse Event:
Pick Date
Start Date:
End Date:
Pick Date
Pick Date
Start Date:
End Date:
Pick Date
-The VAERS you created will populate below.
Get VAERS Report(s)
List of Previously Filed Vaccine Adverse Event Report(s) for this Unit:
Enter New VAERS

Case ID	Patient SSN	FMP	Facility Name	Date of Vaccination	Date of Adverse Event	Reporting Unit	Last Update POC	Action
92	123456789	20 - Sponsor	NMCPHC	5/15/2012	5/16/2012	77777	Tracey Isaiah	
74	111111111	20 - Sponsor	NMCPHC	10/4/2011	10/4/2011	77777	Tracey Thomas	
76	111111111	20 - Sponsor	NMCPHC	10/4/2011	10/4/2011	77777	Tracey Thomas	
73	111111111	20 - Sponsor	NMCPHC	10/3/2011	10/4/2011	77777	Tracey Thomas	
70	111111111	20 - Sponsor	NMCPHC	9/15/2011	9/15/2011	77777	Tracey Thomas	
69	111111111	20 - Sponsor	NMCPHC	9/6/2011	9/6/2011	77777	Tracey Thomas	
81	741852963	20 - Sponsor	TEST TEST	12/12/2010	12/12/2010	77777	Thomas Hager	

Coming Soon to NDRSi….

Future Updates to DRSi

- Updates to case definitions will align with CDC/CSTE and focus on the diagnosis rather than the ICD-9 code
- Influenza, Heat Illness, Outbreak/Cluster, Hepatitis B and Hepatitis C have will have case definition updates
- DRSi disease screens will be updated to reflect these new case definitions
- Make sure you are familiar with the new Armed Forces Guidelines posted at http://www.nmcphc.med.navy.mil/downloads/prevmed/ArmedForcesGuidlines14Mar12.pdf

Questions

Contact the Helpdesk:

- Comm: 757-953-0954; DSN: 312-377-0954
- Email: ndrs@nmcphc.med.navy.mil or tracey.thomas.ctr@med.navy.mil

Additional Information:

- Surveillance Tools and Event Reporting

http://www.nmcphc.med.navy.mil/Preventive_Medicine/Disease_Surveillance/med_event_reporting.aspx